California State Journal of Medicine

ISSUED MONTHLY OWNED AND PUBLISHED BY THE
MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Vol. XVIII, No. 6 JUNE, 1920 $1.00 a Year

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ENTERED AT SAN FRANCISCO, CAL. AS SECOND-CLASS MATTER

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OWNED AND PUBLISHED MONTHLY BY THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA
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VOL. XVIII JUNE, 1920 No. 6

THE SANTA BARBARA MEETING.

Nearly six hundred in attendance, wonderful weather, an uncommon feeling of fellowship and of union in a common cause, these were among the factors which made the 47th annual session of the Medical Society of the State of California, at Santa Barbara, May 11-13, the best and the most fruitful in the history of the Society. The program was unusually strong. The absence of long discursive papers, the snappy, short addresses by men who knew their subjects, all contributed to unusual scientific value. Dr. John H. Graves of San Francisco was elected president-elect, Dr. John C. Yates of San Diego assumed the office of president, Dr. William Duffield of Los Angeles was elected first vice-president, Dr. Joseph Catton of San Francisco was elected second vice-president, and Dr. Saxton T. Pope of San Francisco was re-elected secretary. It was decided that the session of 1921 should be held in San Diego. President Yates certainly is bringing home the bacon. And if those not in attendance this year will profit by the advice and experience of their more fortunate brethren, they will all unite next year in San Diego, for these sessions are becoming of great and enduring value and no doctor can afford to miss them.

At Santa Barbara, at the Ambassador Hotel, it was startling, to say the least, to note that departed spirits seemed to lurk where the doctors congregated, and of all sections, it was most surprising that the Section on Industrial Medicine should have chosen the bar-room for its convocations. Communion with the departed spirits, however, did not hinder the presentation of papers of rare interest. Another unexplained fact is that the Section on Obstetrics and Gynecology met in the Moorish Room, the Section on Neurology and Psychiatry in the Music Room, and finally and above all, that the staid and dignified Council elected to hold its sittings in the Kindergarten. They did, because the editor saw them do it—at a distance, and noted the toys, playthings and juvenile furniture.

It was a step in advance that the Program Committee required each paper before presentation, to be deposited with the secretary of the section. Attention is called, also, to the fact that all papers read at this session will not be published in the Journal. The Council has authorized the editor to return to the writers such papers as, because of length, or too technical content, do not seem adapted for the pages of the Journal. Such papers will be returned promptly to their writers in order that they may receive early publication in more technical journals.

In the July issue of the Journal will appear the minutes of the House of Delegates. In spite of the excessive pressure on the columns of the Journal, it is intended to publish the papers from the Santa Barbara meeting in the succeeding issues of the Journal to the virtual exclusion of original papers from other sources. The editor is forced, much against his will, to return many current papers submitted because of lack of space. The necessity for doubling the size of the Journal is apparent and it is hoped that this needed increase may soon be possible.

"BETTER HEALTH."

At last the long-looked-for day has arrived when the medical profession has available a medium for direct interpretation to the public, in readable, understandable form, of the facts and results of modern scientific medicine. What doctor has not lamented the lack of such a medium? What doctor but has wished time and time again for some way in which medical lore and scientific data could be carried accurately and with authority to the public? "Better Health" supplies this need

and the initial issue which is just off the press is just cause for rejoicing and pride on the part of the entire medical fraternity. It goes without saying that every doctor must be a subscriber. It will be equally apparent to every doctor, as he reads this first issue, that this magazine must be put on a subscription basis in the hands of every one of his patients and friends. Have a copy or copies always on the table in your reception room. Get subscriptions from all your friends and patients. It is only a dollar a year and its value cannot be measured in money. It is the organ of the League for the Conservation of Public Health, and its editor is Mr. Celestine J. Sullivan, the executive secretary of that organization. The League is here to stay. It has demonstrated its worth. It is very much alive. *It is in the fight.* It will win the fight. What fight? The only fight in which the doctor as a doctor is vitally interested. The fight for better and best health for every member of the body politic of these United States, starting in our own California.

Volume One, Number One, of "Better Health" is full of good things. For instance, on page 46 is found the following, which doctors already realize: "Defeat faces four measures. This is campaign year, and all good citizens are interested in getting accurate information on the men and measures that will be voted on at the general election, November 2, 1920. Among others, there are four measures upon which the League has already assembled sufficient reliable data, to warrant us in recommending their defeat. The first is the initiative which the anti-vivisectionists are placing on the ballot. The second is a constitutional amendment offered by an alleged Public School Protective League. The third is the chiropractic initiative, which proposes to create a separate board of examiners for chiropractors. The fourth is a referendum invoked by certain osteopaths upon Senate Bill No. 604. In coming issues of 'Better Health' the pernicious character of several of these measures will be pointed out and reasons offered why all of them should be defeated. All of these questions are health questions and very appropriately will be discussed and decided by the people; for who should be more interested in the health of the people than the people themselves? The verdict of the people will be correct if the people have correct information. 'Better Health' will present the facts."

NEW MINIMUM FEES FOR INDUSTRIAL ACCIDENT WORK.

At the meeting of the House of Delegates May 11th, at Santa Barbara, the report of the Committee of the Council on Industrial Accident Work was adopted. Full report of the committee will be published in the July issue of the Journal.

This is the result of a prolonged effort on the part of the Council to get more equitable fees for Industrial Accident cases. The State Society has never gone on record as accepting any fee schedule in this sort of work, and it is well recognized that the remuneration heretofore offered has been entirely inadequate. We have now officially accepted the standard of fees which have been agreed to by the Industrial Accident Commission and the carriers throughout the state. This is not a final adjustment. It is but the beginning of a graduated scale of compensation for surgical services, and it will be changed from time to time as conditions warrant. It is, however, a start in the right direction.

We wish to direct your attention to this schedule as accepted by the House of Delegates and which we print on pages 237 and 238 of the Journal. It should be read carefully with the explanatory notes. The figures given are the minimum or basal charges. It will go into effect June 1st, and all bills rendered for services after this date should be figured on this basis.

The State Medical Society also has devised new and simplified blanks which all carriers have agreed to accept. In the course of time these will be sent out and be the standard blanks for our members who do this sort of work. It will lessen the clerical waste which hitherto has marked this type of case.

Many physicians will be disappointed with the 25% increase in the fee schedule as offered, and will think that a 100% increase will be none too much. But we must remind you that there are men ready to take this work even on the old basis and by giving services in a wholesale way can still run it as a paying business. The present advance is intended to compensate the average physician who does industrial work, and it should be the part of the State Medical Society to endeavor to raise the standard of services rendered and to prevent commercialism gaining control, and thus in the end give better care to the injured employee.

DOCTORS TO DEFEAT "QUACK" SOLONS.

Under this appropriate headline the San Francisco Examiner for May 19, 1920, says as follows: "Come all ye little legislators and listen unto me! The doctor man will get you if you don't watch out. The doctors of California are organized into the strongest medical association in this country—a model organization that other states are beginning to imitate. The big pill doctors and the little pill doctors have joined hands. More than 3,000 of them are in the 'League for the Conservation of Public Health.' All the leading men of the regular healing profession are in it. The League publishes a magazine called 'Better Health.' In its most recent issue 'Better Health' says: 'Watch the next legislature. League will oppose candidates hostile to scientific medicine. We are watchfully waiting for all the candidates to appear. Before we can watch the legislature it must be chosen, and all of us have the duty and privilege of making the choice.' OMINOUS PARAGRAPH. Then follows the list of the twenty senators and eighty assemblymen whose terms expire this year and whose successors are to be chosen in November. After the list comes the following significant paragraph: 'The record of some of these does not justify the belief that they have a true conception of their duty to the interests of the whole state. In its issue of July, 1919, THE CALIFORNIA STATE

JOURNAL OF MEDICINE in an article entitled, The Roll-Call and Its Results, devotes several pages to an accurate analysis of the attitude of the various members of the 43rd session on important health measures. By reviewing that article and refreshing your memory, you will be able to decide which members are entitled to re-election.' Naturally I looked up that CALIFORNIA STATE JOURNAL OF MEDICINE for July, 1919," says the editor of the Examiner, "and this is how I found the legislators listed in the minds of the doctors." Then he repeats the contents of the Journal article noted. Doctors should join the editor of the Examiner in looking up that article and refreshing their memories.

For the doctors know, *you know*, that the doctors intend to, and will, defeat what the Examiner rightly calls "Quack solons." It is time that the public realized the facts in the case. That realization is increasing and there can be but one result. Down with the quack solons. As the Examiner says, "the seekers after legislative honors must step lively to keep from being caught in the crush." The doctors are no longer on the defensive. Their interests are identical with the people's interests. The doctors' interests are identical with the interests of public health. The few "conscientious objectors" did not win the Great War. Neither did they prevent the war from being won. The few antis, and half-baked uneducated healers, do not make, benefit or desire public health, neither will they prevent public health from being improved and maintained by the enlightened public of California and the medical profession of California.

HUBLEY AND BROOKS GO ON FOREVER

E. C. Hubley, an unlicensed chiropractor, is reported by Harry Ellington Brooks in the "Times," one of the Los Angeles newspapers, that he will practice his "profession" as long as he lives without the consent or approval of an imaginary Medical Trust. This mythical Medical Trust that seems to worry the "Times" babbling Brooks, we presume is the Board of Medical Examiners established and empowered by the State of California.

The "Times" is prating about law and order in season and out of season, and yet we find this sheet encouraging the defiance of the law by some chiropractors and cults. Judge Richardson of Los Angeles recently suspended a 180-day jail sentence incurred by Hubley for violating the Medical Practice Act, on the condition that Hubley refrain from practicing until he secured a license from the State of California to practice in this state.

In its ardent zeal for law and order does the "Times" exclude those laws established to regulate the examination of applicants for license and the practice of those licensed to treat diseases, injuries, deformities or other physical or mental conditions of human beings?

The purpose of these laws is not to create a medical monopoly but to promote and protect the public health. The legal profession is surrounded with certain safeguards to protect the people from incompetents and imposters. Will the "Times" say that property and the pocket-book are more precious than the health of the people? Or does the "Times" advocate allowing anyone to practice law without any examination to determine mental or moral qualifications?

No one can claim a greater right to practice medicine and surgery, to diagnose and treat diseases without complying with the law, than to practice law without observing the established conditions. The peril to the public from an unqualified man who would attempt unlawfully to practice law would be infinitesimal in comparison to an unqualified man who attempts to practice on the lives of the people.

The privilege to practice will be granted to Hubley and all other applicants that are willing and able to comply with the laws of California. As is pointed out in another section of the "Journal" any chiropractor that is half-educated can get a license.

THE ROLE OF THE PHYSICIAN IN INDUSTRIAL MEDICINE.

Volumes could be, and are, written on the role of the medical profession in modern industry. The average doctor can be reminded with advantage from time to time of some of these fundamental relationships. Employers need the physician because they are coming to recognize that employees must be kept well, that preventable hazards must be abolished, that the employee must be shielded from necessary hazards, that the disabled employee must be returned to work skilfully and quickly, and that the large group of physically abnormal employees must be given work adapted to their capabilities. All of this is the function of industrial medicine. These objects of the employer can be achieved only through the medium of the physician. The industrial physician has not yet come into his own. All too often he is still a mere adjunct to a "welfare department" under lay supervision. But the new highly trained type of industrial physician will see his strategic relationship to employer and employed, and will receive recognition from both for the really indispensable part he plays in modern industry. The doctor has been accused, and justly, of being an individualist. He must, perforce, now get for himself a community point of view, a social regard for social groups, a recognition that his profession places him at the logical point of common interest between employer and employed. The doctor as an individualist must give way to the doctor with a sense of social responsibility.

THE LAY ANESTHETIST

The question of the lay anesthetist has assumed considerable importance in recent times. The fact that trained nurses are employed to give anesthetics in surgery demonstrates that a new issue has arisen. It bids fair to develop a schism in the practice of medicine, and the creation of a new cult. Goodness knows! we have too many of these already.

The nurse anesthetist is often a very good anesthetist. She is readily accessible and is at present, cheap labor and a source of profit to the hospital. With all her acquired skill she cannot know all that is proper for an anesthetist to know, because she lacks the fundamental medical education.

Anesthesia is a very important part of an operation; often the most important. Why should it be turned over to an under-trained person? No educational requirement is too high that protects human life. It is absolutely essential to experimental research that certain graduates in medicine should specialize in anesthetics. This branch of medicine must be fostered and developed. It can only be done by fully equipped minds.

Women physicians make ideal anesthetists because they are faithful, conscientious, careful by nature. They do not aspire to become operative surgeons, and they pay strict attention to the patient. They should be encouraged to take up this specialty. As evidence of the sentiment of the physicians of California, the following is a resolution passed by the House of Delegates of the Medical Society of the State of California:

WHEREAS, The administration of an anesthetic is always the function of a legally qualified medical practitioner; and

WHEREAS, The administration is best performed by physicians specially trained or who have made a specialty of this subject; therefore, be it

RESOLVED, That, wherever available, hospitals and public institutions, where anesthetics are administered, should employ only physicians as anesthetists; be it further

RESOLVED, That the Society condemns, under all circumstances, the training and qualification of lay persons as anesthetists; be it further

RESOLVED, That "no hospital shall be deemed to have acceptable standards" which charges a fee for an anesthetic unless such anesthetic has been administered by a legally qualified physician.

Editorial Comment

And authorities tell us that often, even usually, anti-vivisectionists are sadists, reacting to repression, but still bound to obtain what perverted satisfaction they can.

Now comes one, George S. Weger, with an inchoate grouch against the medical profession, of which, we surmise, he is a misrepresentative member. The nature of his remarks suggests that "Weger bored" should be spelled "Ouija board."

The illegitimate child may be born beyond the pale of society's sanction. It is not, however, born beyond the pale of nature's sanction. From the standpoint of biology as well as of simple justice, it is entitled to the same rights of life, growth and protection as its more legal half-brothers. Legal sophistries and social intolerance must give way to justice and decent health protection.

The public and the medical profession are sick and weary of the exorbitant price of milk. "Feed the Children First" is a good slogan, and general indignation is rising against the milk barons, who like Ruskin's bag barons, and the crag barons of old, make the people stand and deliver, in this case at the expense of the children. "Feed the Children First" and feed them with clean, cheap milk. It is time for governmental price-fixing and governmental milk distribution.

Among the careful and large-scale medical studies now appearing in print as a result of investigations in military hospitals during the Great War, is a report on arthritis, summarized by Pemberton in the Archives of Internal Medicine, April, 1920. Of 400 cases of arthritis studied, exposure was the exciting cause in 58 per cent. Apparent foci of infection were present in 72 per cent., and of these foci, 52 per cent. were in the tonsils, 33.5 per cent. in the teeth and 12.5 per cent. in the genito-urinary tract. Thus a considerable percentage showed no foci of infection. Studies on metabolism showed striking changes in two particulars. One-half of 40 cases showed an abnormal increase of blood creatinin, and in certain of these, decline in blood creatinin paralleled clinical improvement. A large proportion of the cases showed a lowered tolerance roughly proportional to the severity of the arthritis. Clinical improvement was apparently unrelated to the type of therapy, but was most abrupt where focal infections were removed. In some severe chronic cases a persistent lowering of sugar tolerance was found. Attention is called to the importance of dietary restrictions in the treatment of such cases.

Special Article

CONCERNING OSTEOPATHY

By EMMET RIXFORD, M. D., San Francisco.

It is a sad commentary on the degree of education and understanding of the general public that its attitude toward the things which the student of public health knows most vitally concern the human race, its development, its health, its efficiency, its very perpetuation, is that of neglect, of "laissez faire." The world is too busy to bother about that which is not obvious. "Let the doctors worry about it; they are the ones interested!" Really this is worse than the attitude of the ostrich for, by burying his head in the sand, he shows at least that he is alive to the approach of danger. But it is said people are discussing health matters now as never before. Shall we look upon the ever increasing crop of "antis" as evidence of an awakening public conciousness in matters of public health and clean living? This we would gladly do if the protestations and the propaganda were honest. Consistency would not so much matter if the heart were in the right place and the purpose sincere, for in the last analysis facts, like the large potatoes in the basket, will surely come to the top, if the basket be shaken long enough and hard enough.

In a new country like ours where opportunity

is widely open to everyone the idea of freedom is apt to run riot and degenerate into license. Every man is as good as another and it is so in some sense but not in all senses. A large part of the public cannot see that there is any real need for physicians to be educated before they should be allowed to administer to the sick because the public is unthinking and does not realize that the problems of medicine are difficult, that they are worthy of the best thought and study the world can give and that it is *more dangerous to more people for a tyro in medicine to run amuck than a desperado with a sawed-off shotgun.*

Treating the sick is an act of kindness and anyone can perform acts of kindness. If anyone, no matter how ignorant, professes to be able and willing to relieve suffering why should he not be permitted to do so? Suppose he is paid for it? Why should he not be paid? He earns his money. Thus, all one has to do to secure a following which will contribute to his support is to advertise, and it is not in human nature that this opportunity should be entirely neglected. It would seem that the movement which is getting under way in trade circles in this country for honest advertising, i. e., for the article furnished to measure up to its advertisement apparently has not yet seriously struck the medical pretender.

A deeply grounded principle of American life is to give every fellow a chance—an unconscious sense of fair play which is one of the most precious possessions of our people to be guarded and cherished, but it must be kept within the bounds of consistency for license to one spells unfairness to another, and while it may be a very nice and kindly thing to permit an ignoramus to practice medicine, it is a little hard on the poor fellow who submits to the charlatan's tender mercies and yet the tender mercies of the clever charlatan are less dangerous than the honest endeavors of the ignorant.

That great observer of the foibles of human nature, P. T. Barnum, had it that people liked to be humbugged. This would seem to be superlatively true in matters of health. If people cannot find anyone to humbug them they will often deceive themselves; they will knowingly indulge in veriest quackery ostensibly to maintain what is merely a deluded sense of personal independence. I shall never forget being called to attend a brilliant lawyer of this city who was ill of bronchitis. Shamefacedly he began the history of his trouble by confessing his quackery. He was at that moment in bed with an electric wire clamped to his great toe, the other end of which was attached to a tiny brass cylinder hung out of the window. The bronchitis was supposed to be drawn out through his toe, then conducted along the wire and dissipated into the air from the surface of the cylinder, which by the way, was highly polished. In another case a learned judge had been going to a fellow three times a week for a month or more submitting each time to a dilating operation on the bowel which was supposed to relieve some affection more imaginary than real. One day he happened to meet a friend coming out of the establishment who had been going there on precisely the same errand and for a similar length of time. The pair waited and met several other acquaintances who were also victims. They saw the humor of the situation and found their maladies suddenly cured. It is a strange thing that men, when ill, will not only not apply in the matter of their health the same logic and good sense they use in their daily lives but will admittedly and consciously violate all the principles which may have made them successful in business.

People have not yet gotten over the primitive and mediaeval notions of mysticism in medicine, the miraculous casting out of devils, the exorcism of the demons of disease and it is to be regretted that organized Christianity and pseudo-Christianity lend their influence to the perpetuation of this idea. The fact is the world is too young in scientific thought, its education in science too imperfect, for a very widespread or deep penetration to have occurred of anything approaching a real conception of the fact that modern medicine is built upon the laws of investigation and experimentation as is every other branch of science—physical, chemical or biological.

The idea of "school" in medicine seems destined never to die, for one dogma simply gives way to and is replaced by another. Our courts of law clinging as they do to tradition and precedent seem never to question the distinction between the so-called "schools of medicine" as if it were a matter of inherent right of groups of men to adopt some dogmatic principle and make it the basis of a system of therapeutics. In science there is no place for dogma. Truth is to be attained only by observation, experimentation and criticism and finally co-ordination into positive statement of natural law though finality in any large sense may be far distant.

The apathy of the public in these matters is such that it is made to devolve upon the medical profession to appear as partisans before the law-making bodies in order that the public health may be protected—a most undignified position, giving semblance of truth to the charge of those who from lack of knowledge or from perversity of mental make-up cannot or will not throw off their mediaevalism, that the educated physicians are organized into a medical trust—a proposition which is not only not the fact, but which every one knows is the height of absurdity.

Realizing these things the medical profession in its desire for serving the public has endeavored to have the legislature prescribe educational qualifications which must be met before candidates may be licensed to practice medicine, for in the practice of medicine often there must be used methods and medicaments which in incompetent hands are dangerous. It would seem self-evident that the general public ought to have interest enough in its own welfare to insist on the medical man having a proper education before giving him the approval of the State and permission to take such responsibility for the lives of its citizens are at stake.

The cynic will say: "If a man is fool enough to go to a quack or an unqualified practitioner he ought in the expressive language of the street to get 'what is coming to him'." Quite in this frame of mind I have heard an intelligent medical man say that our laws of regulation of the practice of medicine by repression of the unqualified are all wrong, advocating in place of this principle a State examination simply for purposes of certification as to educational qualification, putting the responsibility of the choice of physician squarely up to the patient.

That might be well enough, if only responsible people indulged in such gambling with their lives as the stakes, but whole classes in the community, whose lives are just as precious, are unable intelligently to make such choice. Children, the hope of the race, admittedly cannot make intelligent choice for themselves and until the public is better educated along scientific lines a very large proportion of our adult population are, and will continue to be, children when it comes to taking a rational view of problems of personal and public health.

Therefore the government of necessity for the present at least must be paternal in the matter of protecting the health and the lives of its citizens, and this is a great responsibility, comparable to that of a parent in shielding its offspring. The individual must be excused when he consults an incompetent physician, if that physician has the stamp of approval of the State. The State by giving license to practice medicine, by that very act, guarantees the educational qualification of the physician—it cannot shift the responsibility. If it gives license to practice without insisting on a proper educational qualification it certifies to a lie.

Now what has all this to do with osteopathy? Simply this, that osteopathy has come forward in formidable organization to break down if possible the educational qualification for license to practice medicine in the State of California. Against this it may be said that the schools of osteopathy are giving better training than formerly, as if osteopathy were endeavoring to be worthy of the responsibilities of the practice of medicine and surgery in the broader sense. If this is true and the claims of the osteopathists that the courses of instruction in their schools are the equal of the medical courses in the universities, or even if the educational requirement of the present law regulating the practice of medicine in California are met, their school should be recognized as a medical college, but then there would be no real use for the mysterious "principle" of osteopathy, just as finally there is no real use for the principle of homoeopathy. It therefore behooves us to inquire into the question of how far this claim of excellence of educational training in the osteopathic schools is justified.

In the first place what is osteopathy? Nobody seems to know. If the professors of that cult do know they exhibit a great reluctance to formulating a definition and no little ingenuity in avoiding it. A prominent osteopathist of Southern California testifying before the State Board of Medical Examiners in the matter of Application for the Revocation of his License, in answer to the question: "What is osteopathy?" stated under oath: "Well, I don't know as I could give you an intelligent answer, just what osteopathy is, but I feel that osteopathy is that mode of treating diseases by any method that is right to relieve the human suffering from the condition he is suffering under." Of course this is no definition at all. They say that osteopathy is something which cannot be learned from books but only acquired from personal instruction. In looking over a number of books on osteopathy I have failed to find a definition, though the books are replete with accounts of "basic principles" which for the most part are garbled statements of medical facts culled from medical books. The dictionaries define osteopathy as a theory of disease which rests upon the supposition that most diseases are traceable to deformation of some part of the bony skeleton which by pressure on adjacent nerves and blood vessels interferes with their function and the circulation of the blood—a pure assumption without basis of fact either of observation or experiment—possibly true in a field of limited application but demonstrably incomplete and misleading even as a principle of action in the vaster fields of pathology and therapeutics. As a principle it is less subtle than the basic principle of Christian Science, because it is susceptible of experimental study, while the principle of Christian Science is not, since it is nothing but a logical truism, essentially meaningless.

I understand that osteopathy while clinging to the name has extended its mechanical conception of the relation of form to function, variations of the former producing errors of function which are called disease, by adding to the notion of deformation of parts of the bony skeleton the more subtle conception of displacement of individual cells of the tissues or groups of cells by which their function is disarranged. I say the more subtle conception for by the very minuteness of the tissue cell and the infinitude of its numbers its displacements cannot be measured in relation to observable functional phenomena.

Before osteopathy was an unorganized sect of rubbers existing in California and I have no doubt elsewhere, who were generally masterful men, for the most part ignorant, but well muscled and often voluminously bewhiskered, natural born doctors, rarely having had training comparable to that of the trained masseur, men who doubtless did much good in assisting the overfed to exercise vicariously and by their manipulations aided in the restoration of locomotive function after fractures, dislocations, etc., but who in their ignorance of pathology and clinical medicine were not very safe men for the care of the really sick. In a practical sense the osteopathists of today are descendants of this sect of rubbers. The notion of the treatment of disease by manipulation, however, is far older; witness Gassner in Switzerland in the eighteenth century.

Some practitioners of osteopathy are not willing to restrict their therapeutic activities to those fields in medicine and surgery in which massage and manip-

ulation are universally recognized as of therapeutic value just as the Christian Scientists are unwilling to limit their practice to the field of functional nervous derangements in which their assertions have a region of peculiarly beneficial therapeutic application, but are ambitious to cover pretty much the whole field of medicine and surgery—often in fields where the use of their methods cannot fail to produce harm either positively or negatively by depriving the patient of really curative measures or by disastrous delay in their application.

While many osteopaths are well enough trained to recognize lesions as being outside the legitimate field of massage and manipulation and are conscientious enough to advise the patient to consult a physician or surgeon, many will not so advise their patients, or will do so only tardily, apparently being unable to resist the temptation to give a few treatments.

For an account of the beginnings of osteopathy I would refer to the testimony given in the trial in Kentucky in 1900 in which a Dr. Nelson, graduate of the American College of Osteopathy, sued the State Board of Health for license to practice osteopathy in Kentucky. (See Jour. Am. Med. Assn., Jan. 13, 1900.)

From this testimony we learn that osteopathy was "discovered" in 1892 by A. T. Still, who founded the American College of Osteopathy in Kirksville, Mo., a little town which now more than twenty years later numbers little more than 6,000 inhabitants. A Judge Ellison, attorney for the school, testified that a body of friends of Dr. Still, and citizens of Kirksville including himself, went to the State Capital and succeeded in getting a bill through the legislature chartering the institution, that the citizens of Kirksville had been greatly helped by the location of the school in their town. Thus it would appear that in the very beginning of osteopathy there was a pretty efficient political organization active in furthering its interests.

In Article 3 of the Charter as published in the Catalogue of the American College of Osteopathy it is stated that the object of the corporation is to establish a college of osteopathy, the design of which is to improve our present system of surgery, obstetrics and the treatment of disease generally and place the same on a more rational and scientific basis and to impart information to the medical profession, etc.

Article 4 provides for a board of directors of not less than five nor more than thirteen, naming A. T. Still, and Harry M. Still, Chas. E. Still and Herman T. Still, his three sons, and Blanche Still, his daughter as first members of said board. The charter further provides that the directors named and those whom they appoint shall control the institution for fifty years.

It was further in evidence that in Missouri it was enacted that the laws applicable to medicine and surgery do not apply to graduates of the College of Osteopathy, and the testimony of plaintiff's witnesses show that they do not teach nor profess to teach medicine and surgery in the American College of Osteopathy—but this was in 1900. It was noteworthy that none of the Still family appeared to testify on behalf of their graduate, although several of the faculty of the college did.

Dr. Nelson, plaintiff, testified that osteopathy cures all diseases except cancer, syphilis and consumption, and that he treats Bright's disease and diabetes by manipulation stimulating "renic splanchnic," that he treats diphtheria by manipulation stimulating the vasomotor center in the back of the neck and by putting the fingers down the throat of the patient and manipulating the soft palate and the fauces, that the treatment of scarlet fever, lockjaw, milk-leg, varicose veins, dropsy, retention of urine, piles, simple, benignant and malignant tumors, etc., etc., is by manipulation. When asked as to the detection of albumen in the urine he testified that he did it by the smell.

It is probably not to the point to dwell too long on these beginnings of osteopathy for it is claimed by the osteopaths of to-day that their educational methods and facilities have greatly improved and this is probably the fact. Without doubt since the amalgamation of the two schools of osteopathy in California in 1914, forming the College of Osteopathic Physicians and Surgeons of Los Angeles, the course of instruction to students has increased quantitatively, at least for, according to their announcement for 1918-19, the curriculum provides for 5750 required hours while Stanford University Medical School requires only 4182 and the Medical Department of the University of California but 4660. The 5750 required hours of the curriculum of the College of Osteopathic Physicians and Surgeons include 1560 hours devoted to osteopathic principles and technique. Deducting the 1560 hours of osteopathic teaching there remain 4190 hours of medical instruction within the meaning of the law regulating the practice of medicine, or about the same time requirement as in Stanford University Medical School. Under the law the graduates of the College of Osteopathic Physicians and Surgeons are eligible to licensure as drugless practitioners, but this is not enough. Their ambition is to be licensed as full-fledged doctors of medicine with the State attesting their competence to undertake the rsponsibilities of administering to the sick by means of drugs as well as by rubbing and manipulation and to perform any surgical operation. That is, perhaps the reason for the change of name from the Pacific and the Los Angeles College of Osteopathy to the College of Osteopathic Physicians and Surgeons. The responsibility for recognition of the College was put up directly to the State Board of Medical Examiners.

The State Board of Medical Examiners, on which, by the way, there are two osteopathists as provided by law, recently examined the College of Osteopathic Physicians and Surgeons to determine its fitness to graduate physicians and surgeons. In spite of the large number of hours on the curriculum the Board denied approval of the school as one qualified to prepare its students for the examination

for license to practice medicine and surgery in the State of California on the ground that the quality of instruction was deficient. The osteopathic organization then sued the State Board of Examiners in a Los Angeles Court to force it to give approval of their school. While the Court has not yet handed down its written decision the rulings of the Court in interpreting the powers of the State Board of Medical Examiners are amazing. The Board admitted that the curriculum as advertised provided for a larger number of hours' instruction than required by the statute but held that the crux of the matter was as to how those hours were utilized, in other words the quality of instruction given was all important. The Court held that as the law reads, it is mandatory on the Board to approve a school if its curriculum provides a certain number of hours of required instruction and that the Board had no right to refuse approval of any school because of any deficiency in quality of instruction; that the law merely provides that the Board may consider the quality of instruction given but may not act on it. In other words that the State Board of Medical Examiners is little more than a debating society whose deliberations may have some fancied academic interest but no power of making a binding decision on the basis of its investigations and deliberations.

Of course any such decision will unquestionably be appealed with every assurance that the higher court will reverse the Los Angeles court for, if such a decision should stand it would be possible for any group of men of whatever qualifications to organize a medical school with little more requirement than an ambitious program of required hours and a certain amount of equipment, whether they use it or not, or even know how to use it.

It is of course self-evident that if the osteopathic schools raise the quality of their education to that of the University medical schools they will have no attraction to offer their prospective medical students and the schools will close, for osteopathy without medical qualification has so limited a field that there is room in the community for only a small number of its practitioners. The only hope of the osteopathists therefore, as an organization, is to raise their standards barely to the minimum required by the State or else to break down the law either by persuading the legislature to emasculate it or by controlling the State Board of Medical Examiners, in whom lies a certain power of interpretation of the law. Judging by the strenuous efforts being made by the osteopathic organization to break down the law they consider that the line of least resistance, at any rate, as being less difficult a task than bringing their school up to even the minimum requirement of the statute, an attitude which is tantamount to a confession that their curriculum is not as they are wont to claim the equal of the University medical schools.

Perhaps the best test of the quality of medical instruction given in the College of Osteopathic Physicians and Surgeons is the attainment of its graduates as they appear before the State Board of Medical Examiners. In the report of the Board for 1919 it is seen that 28 graduates and 1 undergraduate of this college took the examinations during the year. Of these 29, only 2 applied for license as drugless practitioners, less than 7%, while 27, or more than 93%, applied for license to practice medicine and surgery. Of the 2 who applied for license as drugless practitioners both passed—100%. Of the 27 who took the examinations for license to practice medicine and surgery, 13 passed and 14 failed, roughly 52% failed. But it is still more illuminating when one sees that of the 14 who failed, 1 had failed 7 times; 1, 6x; 1, 5x; 1, 4x; 5, 3x; 3, 2x; 2, 1x, averaging more than 3 failures per candidate. But of the 13 who passed 1 had failed 5x; 1, 3x; 3, 2x; 7, 1x before taking this year's examination. Of the 13 who passed only 1 passed without a previous failure. Surely this is not a record indicating any very considerable success in teaching the subjects ordinarily provided in the medical curriculum. Certainly not a record to inspire the general public with any great degree of confidence in the fitness of the graduates of this school to practice medicine and surgery. No wonder the osteopaths are striving tooth and nail to have the medical practice act emasculated.

I have studiously avoided telling humorous stories of osteopathy making fun of the cult, though the opportunities are numerous enough and the temptation great. On the contrary, I have sought to approach the subject with serious intent even at the risk of dullness, simply to give an unprejudiced account of the more obvious facts in the situation.

A serious examination into osteopathic literature entails much sacrifice on the part of the reader for the stuff is such pathetic twaddle. A Treatise on Clinical Osteopathy which is before me, published by the A. T. Still Research Committee, emanating, therefore, from the very fountain head of osteopathic "discovery" and teaching, consists apparently of excerpts from various medical works without genuine acknowledgment of the source, garbled and simplified so as to make pretty much the whole of medicine evident at a glance. Among the contributors are several members of the College of Osteopathic Physicians and Surgeons. In the account in this book of the aetiology of almost every disease mentioned in addition to an enumeration of generally accepted causes there appears some statement of a so-called osteopathic cause. Thus bronchitis is due to streptococci and other bacteria, exposure to cold, etc., and to "displacements in the lower cervical and upper dorsal spine." Appendicitis is due to bacillus coli, etc., or "to perverted blood supply resulting from subluxated lower ribs or the vertebrae from the tenth dorsal to the third lumbar." "A number of cases will respond immediately when the lumbar lesions are adjusted."

In the account of typhoid fever occurs the following: "When typhoid fever is present in a community its presence should be suspected in any individual showing the characteristic prodromal symptoms." "Treatment inaugurated at this time

should consist of a thorough correction of any lesions found in the lower thoracic spine and the ribs. The ribs should be raised freely and the usual spinal rigidity be completely removed. Bony lesions anywhere in the body should be corrected."

Think of it! Suggesting that typhoid fever is due among other things to displacements in the vertebrae and ribs and holding out something which is very like a promise that in certain early cases "adjusting" such bony "lesions" will abort the disease. Raising the ribs seems to be quite a favorite manoeuvre for it is advised as being efficacious in such widely different affections as bronchitis, heart disease, cirrhosis of the liver and typhoid.

When there is no very obvious (even to an osteopathist) relation of the malady to any mechanical cause, evidently not to lose the case for osteopathy the author takes refuge in such general advice as to "correct any lesions which may be found" or to "adjust any displacements which may be present particularly in the lower cervical and upper thoracic regions." In the account of broncho-pneumonia we read the advice to "reduce temperature by firm steady pressure in the suboccipital fossa."

The whole matter sums itself up into the historical fact that men who have had some success in relieving certain forms of suffering by rubbing, thumping, pressing, manipulating, seeing the limitations of their field, have become ambitious to branch out into the practice of medicine and surgery, but are apparently unable or unwilling to make the necessary effort to acquire the logically necessary education and training, and have organized for the purpose of bringing this about. Without an adequate educational qualification they insist on being allowed to hold themselves forth as competent to care for the sick and further insist that the State take the responsibility of attesting to their competence. Thus boldly they advocate the inauguration of a most dangerous public policy.

The ultimate interest of the medical profession in the matter is simply that of maintaining a high standard of educational requirement for license to practise medicine and surgery as a protection to the lives of the people.

With the large political influence of the Christian Scientist organization and the osteopathic it behooves the medical men of the State to work together as a solid unit to the end that the law of California regulating the practice of medicine be not made a laughing stock. Better no law at all than a law which gives the approval of the State to ignorant pretenders to scientific attainment or to skill in administering to the sick. Here is a field in which the League for the Conservation of Public Health finds permanent work to promote and protect proper standards. There is no doubt that in the medical profession of California there is sufficient latent public interest to maintain proper standards in matters of public health and in the educational requirement for license to practice medicine and surgery in the State. With the medical profession behind the League that latent power is becoming active and effective.

Original Articles

THE X-RAY AS AN AID IN DIAGNOSIS OF NON-TUBERCULAR PULMONARY CONDITIONS.*

By LLOYD BRYAN, M. D., San Francisco.

As the subject of X-ray diagnosis of non-tuberculous pulmonary conditions is a very extensive one, it seems wisest to limit the discussion almost entirely to a demonstration of lantern slides showing only those conditions which in our experience we have found to be the ones most commonly diagnosed tuberculosis and to give the important points in the differential diagnoses.

The first point in differentiation from tuberculosis to be considered is position of the lesion. Baetjer of Johns Hopkins states that if an imaginary line be drawn horizontally through the center of the chest, those lesions invading the lung fields, the major portion of which lies below this line, are non-tuberculous, and those lying above the line are tuberculous. If we exclude mediastinal tumors, and occasional upper lobe abscess, or carcinoma, this rule is practically always true.

A very common condition to be differentiated from tuberculosis and in which the X-ray examination may be of definite aid, is lung abscess. Here the lesion is more frequently at the base, but may be in the upper lobes more particularly on the right side. It is characterized by an irregular shadow of increased density which may or may not involve the whole lobe. As a rule, the area of increased density fades out gradually into the normal lung tissue, and if the cavity of the abscess be filled with fluid, the dense area will be homogeneous. If the cavity be only partially filled, a fluid level with gas above it can be demonstrated, and the fluid level will change with change of the patient's position. There is practically always a large area of consolidation around the cavity so that the lesion appears much larger on the plate than it really is, and the surgeon may be disappointed in finding such a small cavity. There is also enlargement of the bronchial root glands, particularly on the side of the lesion, and increase in the peribronchial markings. They may at times be multiple and may heal without leaving a trace of the original condition. The similarity to tuberculosis is seen in cavity formation. However, the tubercular cavity practically always has a definite fibrous capsule or wall about it and has the characteristic mottling in other portions of the lung. In the true abscess cavity, rarely can a true capsule be demonstrated.

From abscess must be differentiated bronchiectasis, and this may at times be very difficult. However, if plates be taken immediately before and after coughing, a marked difference will be seen in the two. The characteristic lesion of bronchiectasis is a marked thickening along the course of the larger bronchi, and enlargement of bronchial root glands, with multiple areas of in-

* Read before the Forty-ninth Annual Meeting of the Medical Society, State of California, Santa Barbara, May, 1920.

creased density in the lung field near the bronchi. In some instances the costophrenic angle may be obliterated.

Bronchitis, both chronic and acute, gives a picture which is characterized by thickening along the bronchi, but never extending clear out to the periphery. The areas of density in the lung fields are lacking, and there is practically no change between plates taken before and after coughing.

From abscess and tuberculosis must also be distinguished malignancy of the lung. This may be carcinoma or sarcoma either secondary or primary, and primary endothelioma of pleura with secondary invasion of the lung fields. Sarcoma of the lung may be either primary or metastatic. When primary, it usually begins at the hilus and extends outward gradually into the lung field usually confined to one lobe. Pleural effusion occurs late or not at all. Calcification may occur within these tumors and they may occasionally develop on a dermoid cyst. Lympho sarcoma may be at times impossible to differentiate from the true sarcomata, but the former are as a rule mediastinal tumors with little direct invasion of the lung fields. However, they may at times involve a whole lobe as do the sarcomata. The sarcomatous tumors respond very readily to X-ray therapy at least for a time and this fact helps to differentiate them from the carcinomas. Metastatic sarcoma appears as multiple or single rounded diffuse shadows of increased density scattered throughout the lung fields. As a rule, these shadows have rounded, smooth margins like coins, but occasionally may be fuzzy in outline. This same picture may be given by certain types of metastatic carcinoma so that it is impossible to differentiate between the two. It should be borne in mind also that multiple small abscesses of the lung may also give an identical picture.

Another type of metastatic type of carcinoma which is most frequently seen give a picture of rounded discrete masses at the hilus. These masses may be sharply separated and with rounded, smooth edges or may be irregular in outline or may be confluent. Early, it is impossible at times to distinguish them from the ordinary enlarged glands due to any infections and which have been so commonly observed following the recent influenza. Later, there is extension out along the bronchi into the lung fields, thickening the peribronchial shadows and giving rise to nodular infiltration of the lung fields.

A very rare type of secondary malignancy is the so-called miliary type with fine, small discrete areas, of increased density throughout the lung fields, very much like the picture of miliary tuberculosis, except that the areas are a little larger, more dense and more sharply outlined than those of tuberculosis.

Primary malignancy may be of two types. The nodular, which consists of rounded dense shadows, sharply marked off from the lung fields near the hilus. This type is usually unilateral and may involve only a single lobe or may involve the entire lung. In the later stages this type gives a dense homogeneous shadow involving the whole lung field. At times an irregular, cavity-like area may be observed in the center of the lesion.

Another type is that which starts in a large bronchus and extends gradually out along the bronchial tree. It has a smooth margin except at the advancing margin which is irregular. The most common type in our experience is a bilateral process, most common in the central or lower portions of the lung, which apparently starts near the hilus and grows rapidly out along the several bronchi into the lung fields. It gives early a picture which cannot be differentiated from an inflammatory process. There is thickening of the bronchial markings with small nodules scattered along the bronchi. It extends well out to the periphery and gives pleural effusion early. In one case there was early involvement of the pericardium with pericardial effusion, which did not recur after tapping.

Another condition which is frequently confused with tuberculosis is pneumono coniosis. Here we may have several types. The most common give a picture showing dense fibrous masses which are uniformly bilateral and with which smaller dense areas of fibrosis scattered throughout the central and lower portions of the lung fields. The aspices are generally clear. Another type closely resembles miliary tuberculosis with small discrete areas of increased density throughout both lung fields, but sparing, in most instances, the apices. Here, however, the mottling is more dense, the areas are sharper in outline, more uniform in size, and smaller than those of miliary tuberculosis. Tuberculosis and pneumono coniosis may be associated.

In conclusion, I wish to state that no attempt should be made to make a diagnosis from the X-ray examination alone, but that it should be considered only as an aid and be correlated closely with a careful history and physical examination.

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MALINGERING: ITS RELATION TO THE DOCTOR.*

By JOSEPH CATTON, M. D., San Francisco.

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This communication deals with malingering, especially with its relation to the doctor. Lying, deceit, feigning or any type of fraud, when applied to matters of disease or disability, constitute malingering. The fraud may relate itself to the existence, etiology, symptomatology or severity of a disease or disability.

Malingering in one or another of its forms may be met with in public hospitals, asylums, jails, and in the military, and in connection with industrial accident and health insurance. It may be resorted to by persons bringing suit for personal bodily injury or by those on trial for murder.

It is hoped that this paper may point out that malingering is of sufficient frequency and of suffi-

* Read before the Forty-ninth Annual Meeting of the Medical Society, State of California, Santa Barbara, May, 1920.

cient importance to require serious attention; and more particularly, that in practically every case of malingering some doctor consciously or unconsciously aids, abets or encourages the imposter.

Is malingering prevalent? At first sight, opinions may seem to be at variance. On examination, however, they are seen to have much in common and to have differed mainly through their taking into account, different definitions of malingering. If by malingering is meant, out and out fraud as regards disease or disability, with neither organic nor functional basis, and in the mentally sound, then indeed the overwhelming majority of observers are on record that malingering is rare. If the term includes less frank fraud, for example, exaggeration or prolongation of illness, false imputation of causation, and the like, then the authority is equally strong that malingering is quite common.

The malingerer should be recognized because (1) he is a drain on army pension systems, public institutions, insurance companies and private charity; and (2) in order that the patient himself may be benefited by such treatment as is indicated for the mental disturbance which is frequently found at the bottom of the fraud.

That the doctor always sees the case of malingering at some stage is a certainty, and the fraud can be perpetrated further only with his acquiescence. Medical men dislike to feel that "this field of opportunity is great, and sorry commentary though it be, it must be admitted that the opportunity has been well improved" (Brothers). And what doctor likes to be told that "the professional witness is always partisan, ready and even eager to serve the party calling him" (Wellman). But let the matter be considered in certain of the fields in which malingering and the doctor may be found related.

IN PRIVATE PRACTICE.

The physician who is called upon to certify as to the illness or disability of a person, regardless of the purpose, must be constantly on his guard. While his first certificate may be a just one, he must watch that it is not continued thoughtlessly. Certain physicians have continued to certify a person as ill for fear of losing the work of a lodge. In England the panel of the easy doctor is swelled by the malingerers.

IN THE MILITARY.

A review of the literature of all the belligerent countries engaged in the recent war points to a distinct rarity of out and out malingering. However, the less frank forms were very, very common. There was not more than 1 per cent. of outspoken malingering reported in the camps in this country. Overseas, the desire to remain behind the lines; the care, comfort and even luxury of the convalescent areas; and the desire to get home after the armistice, were among the prominent factors that determined the nature and number of complaints—sometimes playing a greater role than the actual pathology present. The relation of medical men to these facts will be dealt with briefly.

In Base Hospital "A," which could only have been an example of many others, it was not infrequent that physicians prepared lists of soldiers who should not be classified as well and returned to the trenches because they were handy workmen or good entertainers.

In the period September to December, 1918, not a single member of the medical staff of Base Hospital "A" was sent to the United States because of disability; in fact no case of discharge of a medical officer because of disability, among the some 125 officers of the hospital center of which this hospital was a part, came to the notice of the writer. On the contrary, in Base Hospital "B," (with a staff of about 30) in the three months' period following the armistice, nine of the staff were classified for return to the States and four more approached members of the Classification Board with this in mind. It does not seem reasonable that the difference in the records of the 5 Base Hospital Center and Base Hospital "B" alone, in the matter under discussion, is just a "happen-so." A few of the officers were genuinely ill in sufficient degree to warrant return to the United States. In others it is the opinion of the writer, and it seems to have been the opinion of other medical officers, that there was gross exaggeration of complaints. If some of the officers were in the distress claimed, they must have malingered by dissimulation to have gotten into the service. Here again let it be noted that medical men were parties to one or another form of malingering. These "sick" officers actually appeared before a board of medical men and had their complaints affirmed. It had been rather common knowledge in the case of one officer, for example, that he had had certain rectal complaints and a positive Wassermann in an army camp in this country, the same being concealed in order that he be sent overseas; later he was returned on the basis of the old pathology.

One case report will show how a physician consciously helped a malingerer to be sent to his home. A private in a Base Hospital in France complained of sour stomach, nausea and vomiting. After prolonged observation, he was classified for return to the United States and labeled something to the effect "Gastro-intestinal Disease; undiagnosed." He succeeded in being reclassified at various hospitals until he reached his home city, where the war having ended, he was discharged as a well man. In braggadocio fashion he informed the writer that his illness had been purposefully produced by taking repeated doses of ipecac. One of the doctors who had been on the staff of the hospital which originally classified the soldier was given this information. He stated that he had known of the matter at the time and had been one of the board that sent the malingerer home.

To show how widespread malingering (minor forms) may become in an army and how seriously it may cripple the efficiency of an army, let it be pointed out that during the Civil

War it became necessary for the adjutant-general and President Lincoln himself, to continuously exhort, urge and threaten soldiers who had absented themselves from duty, in the attempt to get them to return to the ranks. Also the results of Col. Munson's studies of "Absenteeism" in the Civil and Spanish wars should be noted. He states "not a single instance of malingering is reported in the medical history of the Civil War, in connection with the almost inconceivable number of 6,454,834 admissions to sick report which is there recorded. The reports of the surgeon-general likewise do not show a single case of malingering as having been reported among the 317,915 admissions during the Spanish War." However, he shows that in 1865, some 300,000 Union soldiers were absent from duty and had reached their homes on account of matters related to disease or disability, and that only 600,000 remained on the field of battle. After deducting the deserters and the number truly ill or disabled, the hundreds of thousands that remain are found to have been aided in getting to their homes by medical men. It should be stated that malingering was recognized by some of the Civil War surgeons (Keen, Morehouse, Mitchell), but for some reason their reports did not find their way into the Medical History of the War.

LITIGATION CASES.

In the last three decades there appears to have been an increase in the number of suits following personal injury out of proportion to the increase in the number of accidents. Corporations would rather settle small claims than go to court; it is no wonder that such claims are made frequently. Juries tend to be partial to claimants; no surprise that a person brings his jarred body into court for compensation. Even physicians and the clergy have brought claims where there was grave doubt as to the justice of the same.

In connection with city hospital work, it first came to the notice of the writer that not infrequently a lawyer would reach the institution almost as soon as an accident case. A suit for personal injury would be commenced on the contingent basis; this because the patient was without funds. Later, it was learned that these men were known as "runners" and that they were frequently connected with legal firms making a specialty of accident cases. The abuses of the contingent fee system are apparent;—the lawyer becomes more than the legal representative, his interest in the outcome may become equal financially to that of the patient himself. More particularly, however, are physicians interested in the fact that medical men also may take cases on the contingent basis. It seems absurd to expect a medical man to testify in such a manner that the chances of his receiving compensation are cut off.

Also there is a definite tendency, aside from the contingent fee phase, for a medical man to be partial to the side employing him; the injured man's doctor tends to elaborate the symptoms and signs into a more or less serious disability; the expert in the employ of a corporation tends to see malingering in the case where objective findings are not readily found.

The present system of expert testimony and the use of the hypothetical question in our courts, furnish a means of a physician's consciously or unconsciously, willingly or unwillingly, being a party to malingering. Both these phases of the question will be taken up in connection with the next consideration.

MURDER TRIALS.

One of the most disgraceful spectacles, so far as the medical profession is concerned, is the result of the present system of expert testimony in the courts in connection with trials for murder. One had only to review the court records of San Francisco for the past few months to find included therein (1) absolutely contradictory expert medical testimony, in cases where the tendency in private practice would have been to have arrived at similar if not identical conclusions, and (2) testimony not founded on known scientific medical facts. These records are but examples of those to be found at any time in any city.

The most blatant case was the well-known affair in which, because of an alleged flirtation with his wife, it appears a husband shot and killed another man. Several doctors testified in this case and gave, under oath, opinions some of which were in absolute disregard of scientific medical fact. For example, one opinion was to the effect that since the prisoner had a blood pressure of 140, a nervous condition was indicated that might render the man not responsible for his acts. Such testimony as this resulted in a verdict of not guilty of murder by virtue of insanity. It would be well for the doctor who feels inclined to give this type of testimony to remember that a charge of fraud may be based not only upon a knowingly false expression of opinion under oath, but by giving "an opinion in utter disregard of the facts and inconsistent with the honesty and good faith of the party expressing it, when the party has, or, under the law, should have special knowledge on the subject not possessed by the other party, and where he ought to be able to approximate the truth" (Brothers).

In another case it appears that a woman shot and killed the affinity of her husband (?). One medical expert testified that she was insane, another that she was not; another's opinion who had been asked to testify was, that while he sympathized deeply with the woman, he considered her sane. This woman was found not guilty of murder by reason of insanity.

In a third case it appears that a man, after drinking some beer of low alcoholic content, sought a quarrel with the owner and others in a saloon. He was put out. He went to his home, secured a shotgun, returned and shot and killed the saloon-keeper. One medical expert testified that he was insane. Another opinion was that he was sane. The jury found him not guilty of murder by reason of insanity. He was placed in the detention hospital in San Francisco and about

three weeks later was adjudged sane by the insanity commission and set free.

Why did the testimony of these medical experts differ? Why does the testimony of any medical experts differ? There is no question that in some cases they are consciously parties to fraud. But there are, also, legitimate reasons for disagreement in some cases. Experts differ in opinion; they cannot disagree as to facts. With the present method of individual examination and no consultation of the experts, each may not have accumulated the same or similar facts from which to form conclusions. When accumulated facts are the same there is a tendency to agreement as to opinion. This is why consultations in private practice and in the clinic lead to the same or similar conclusions. Each investigating physician should offer the facts he has accumulated to a common pool; from the latter better opinions would be formed.

"Human minds are, within limits, all receiving and sifting machines of one type" (Pearson). Normally constituted minds are so nearly alike in their workings, that diagnosticians of normal mental endowment who are well educated in the contents and methods of the medical sciences, on studying similar pathological conditions will, we may feel sure, arrive at similar conclusions" (Barker).

Regarding the "hypothetical question": this frequently causes a physician to become a party, against his will or otherwise, to a malingerer's game. Even legal books refer to it as one of the greatest vices of expert medical testimony, and the most abominable form of evidence used to influence a jury. The hypothetical question is supposed to be a true synopsis of the testimony of the witnesses preceding the expert, and he is supposed to accept such testimony as if true, and give the jury his conclusions and opinions from these data, although he may believe or know certain of them to be false and fraudulent. Unscrupulous experts may use the "hypothetical case" as a loophole to give opinions of benefit to their side of the case, although they know such opinions to be based on untrue assumptions. It is evident that the hypothetical question may be of great use to the malingering murderer or litigant.

It is generally the opinion that insanity is difficult to feign; indeed, it is a question whether the simulation of a psychosis or neurosis can be accomplished by a mentally healthy individual. However, there does not seem much need that the malingerer's picture be cleverly painted if doctors are available to take the burden of proving the derangement, upon their own shoulders—and this for a consideration.

INDUSTRIAL INSURANCE.

It is a matter of common knowledge that fraud as regards disease or disability in connection with industrial insurance is more or less prevalent. The percentage of cases showing malingering varies according to the observer. Collie found 8 per cent. of 3000 accident cases examined in nine years to be malingerers. In connection with his work for two large public bodies, and 15 to 20 insurance companies, he saw about 2000 cases annually for some years. He found 25 per cent. of the cases examined fit to return to work. While the majority of the latter were not typical malingerers, they had unduly prolonged their illnesses. He found thousands of employees who should have been at work, claiming sick pay; a very great number of working people "lingering on the threshold of return to work"; that there had been a rapid increase in the number of nonfatal accidents, in the number of days of incompetency following accidents, and in the number of complications of accidents in the industries, with the advent of compensation laws. Collie's experience is representative.

When one considers these facts and remembers also that in every case where illness or disability was feigned outright, or falsely imputed, or exaggerated, or prolonged—the doctor has seen and affirmed the disease or disability—then one of the main reasons for this paper is apparent. And indeed, it is not uncommon knowledge that physicians do aid these unwarranted claims, either consciously or unconsciously. The laymen are cognizant of this fact if medical men are not. Such lay bodies as the English National Health Insurance Committee found in a departmental report that "the action of doctors with regard to certification and administration of the act generally has been unsatisfactory and that this is the almost unanimously expressed opinion of society officials."

The method of individual examination and lack of consultation in group leaves room for malingering in industrial cases, as it was shown to have done in the case of expert testimony in court. Two cases of "accidents" in the industries will be cited to show that thorough investigation and group consideration would have determined compensation more equitably and more speedily.

Case V. (A diagnosis of malingering made before thorough investigation and group consultation). A male laborer was struck on the back of the head and the left shoulder by a piece of timber falling a few feet. His scalp was lacerated and his shoulder bruised. Was under observation and drawing compensation from January 1919 to date. Had been referred by insurance company to some nine physicians in series. Complaints were related to head, eyes, and left shoulder and had led to the following diagnoses: trauma to head with neurasthenia; traumatic arthritis, left shoulder; chronic arthritis, left shoulder; arthritis of all joints; neurasthenia; malingered blindness; hysterical amaurosis. When seen for this examination the complaints were headache; considerable disturbance of vision; pain in left shoulder; mental disturbances; and slight attacks of dizziness, faintness and dyspnoea; all of which were claimed to have come on since the accident. Family history and past history were negative. The physical examination showed nothing excepting some muscle spasm and crepitus on attempting to manipulate left shoulder; and very prominent frontal eminences. The neurological examination showed slight generalized hypertonicity of musculature and more or less generalized nervous twitchings. Some weakness of the left arm. Patellars and ankle jerks exaggerated equally on the two sides. Pseudoclonus of both knees and ankles. The mental investigation showed an

illiterate. More or less retardation of many of his mental processes. Slowness in expressing his orientation as regards time. Since the accident, he and his friends have noticed a change from a jolly person to an apathetic one. His previous eye examinations had led to the opinion that he had had, at various times, tubular vision in one or the other eye. Also a diagnosis of malingered blindness and one of hysterical amaurosis had been arrived at. One physician had reported that, from considerable hysterical defect in vision, he had by suggestion restored practically normal vision. The patient denied emphatically that treatment of any kind had improved his condition. During this examination the tubular vision was not found. The patient's fields of vision at 6 feet were definitely larger than at 1 foot. The left eye deviated outward at times. Both pupils reacted readily to light. The right pupil was slightly larger than the left, both in the contracted and dilated state. There was no tendency towards dilatation. He was not confused and gave same findings under various tests for functional disease and malingering. The fundus was thought at times to have a slight haziness of the nasal disc margins; the laminae cribrosae were not well marked. The X-ray report regarding the skull was negative. The urine was negative including examination for sugar. The blood Wassermann was negative. The spinal fluid Wassermann was XX with 0.2cc. of fluid. The Wassermann reaction in the spinal fluid in connection with the symptoms and signs led to a diagnosis of cerebro-spinal syphilis. There were no findings that would not harmonize with this diagnosis. The varying eye findings might be explained by the syphilis and a superimposed functional element. In the presence of these positive findings, certainly a diagnosis of malingering or hysteria alone, would be incorrect and unjust.

Case W. (A psychopathic individual encouraged in her malingering by lack of thorough investigation and consultation.) A woman of 33 years, claimed to have developed severe pains in the lower back, as the result of attempting to lift a box of paper cartons in February, 1920; and to have become subject to many nervous complaints since the accident. She had been referred by the insurance company to some five physicians in series; and had been drawing compensation to date. Her symptoms had led to the following diagnosis; chronic tonsillitis; sacro-iliac slip; arthritis sacro-iliac bilateral; cystic ovary right; adhesions drawing uterus to right. Reference had been made in report to the fact that she was neurotic and a rather marked neurasthenic, and might have an anxiety neurosis. It was only when she had been given a psychiatric examination that the following data and more were ascertained. Her father was a preacher and a poet; one brother a poet; another a preacher; a third a musician; another an epileptic. The significance of the supposed "professions" in her family lies in the fact that they may have been judged by the same standards as have proclaimed the patient herself a writer and poet. The examination developed the facts that she could not tell the day of the week; had excessive ideas of personal ability especially as a writer and poet (not borne out by the facts); some exaltation; irritability; marked increase in psychomotor activity; and peculiarities in dress; she made special appointment for consultation at 11 a. m.; when she arrived after 12, her only excuse was that she didn't feel like coming sooner. Further, there was some flight of ideas; and certain hyperquantivilent ideas. She had been nervous since early childhood. Complicating measles at 11 years, she developed a functional blindness lasting 2 to 4 years; slight attacks of the latter trouble have recurred from time to time, for example—at the appearance of her first menses, on her wedding night, and after the "accident." Her sex life has been exceedingly pathological. Her marriage was most unfortunate; she contracted gonorrhea which led to surgical interference, and which it should be noted was accompanied by even more severe back pains than the patient claims resulted from the "accident." Also after many quarrels and much violence her husband shot her with bird shot in the buttocks and left arm. Divorce followed. At present she resides with another man, but denies intimacy with him. She carries a large bullet with her with which she "will kill the —— —— husband if he ever shows up" and the lover "if he is unfaithful." She will also break the writer's back "if he divulges her history." She has been writing poetry as long as she can remember and exhibits entire books of childish, obscene and vulgar rhymes dealing with such things as her wedding night (now 15 years ago), and with the lines ending almost always with wed or bed; also she repeats over and over whiskey, wine, and money. These and many other findings lead to the diagnosis of constitutional psychopathic state with marked disturbances especially in sexual self. Any extraneous cause might give rise in this person to the train of symptoms which were claimed to have followed the "accident."

SUMMARY AND SUGGESTIONS.

It has then been noted:

(1) That out and out malingering is very, very rare.

(2) The minor forms are exceedingly common.

(3) Malingering in any form requires serious attention in order that compensation and care may not be forthcoming to imposters.

(4) Doctors are usually parties to the fraud with or without their knowledge.

This paper is concerned primarily with the role played by the doctor. The problem is evident; what is its solution? The following suggestions are listed for consideration:

(1) Thorough history and examinations, including those indicated in the specialties and in the laboratory, are absolutely essential in all cases.

(2) The method of examination should include consultations and the pooling of all accumulated data in order that the misdiagnosis of the presence or absence of malingering or other conditions might be avoided. This consideration leads to (3), (4) and (5).

(3) The present inefficient and deplorable system of expert testimony as regards sanity in murder trials should be replaced by some such system as: (a) The appointment of one medical expert by each of the defendant, prosecution and court. These physicians should render their conclusions and opinions to court and jury after all indicated investigations and group consideration; or (b) when a prisoner pleads insanity as a defense for murder, trial should be postponed and he should be sent to a state hospital for observation. After sufficient period of investigation the results of this unbiased study with the staff opinion should be reported to court and jury.

(4) Likewise the expert testimony system should be changed in the case of litigation growing out of the results of alleged personal injury. (See 3 (a).)

(5) Industrial accident cases should have the

same thorough investigation, consultations, and group consideration, and in every case a mental examination when the case has lasted more than a reasonable length of time. When it comes to the final settlement of a case, it might result in a more amicable arrangement if a board of three, constituted as follows, would dispose of the case: One physician to be named by each of, the patient, the insurance company and the Industrial Accident Commission.

(6) In the case of the indigent suffering personal injury from accidents other than industrial, the present contingent fee system might be discouraged if the scope of the Industrial Accident Commission were enlarged to take care of the cases.

240 Stockton Street.

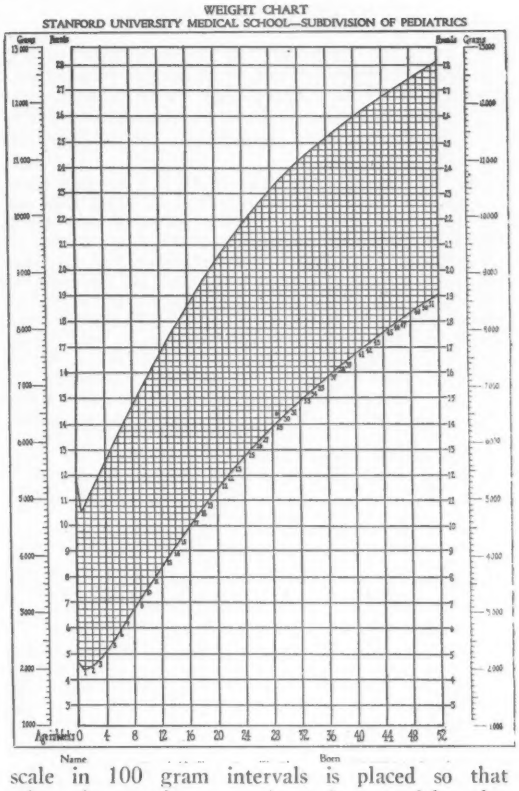
A NEW FORM OF WEIGHT CHART FOR INFANTS.*

By HAROLD K. FABER, M. D., San Francisco, Executive Head, Subdivision of Pediatrico, Stanford University Medical School.

The weight charts commonly used to record the growth of infants in their first year have been found unsatisfactory in certain respects. Kerley [1] states an opinion not uncommonly held by experienced pediatrists when he says: "Time after time I have seen well infants, though slow in growth, made ill by overfeeding, in the vain attempt of an ambitious mother or nurse to keep her infant up to the 'normal' line." Instead of a chart with an average or single "normal" line, some practitioners use one with no growth line at all. Such a chart is open to the objection that mothers and physicians both like to have some visual standard of comparison.

To secure this advantage while eliminating the disadvantage of the single, "average" line, the chart herewith presented has been designed and is now in use at the Baby Clinic, a branch of the Children's Clinic of Stanford University Medical School. Its purpose is to show the *range* of normal weights in the first year. It was made on the basis of 5227 weighings of about 1000 well babies over a period of about ten years. 99.6% of the observed weighings fell within the limits of the shaded area and it is believed that about this percentage of weights of all well babies, at least in this part of the country, will appear in the area.

Briefly described, the chart consists of a rectangular area about 5¼ inches by 9½ inches, divided into large squares representing pounds in the ordinates and four week periods in the abcissae. Two curved lines represent the maximum normal weight and the minimum normal weight for age from birth to the end of the fifty-second week. Within the area bounded by the curved lines, the pound intervals are divided into fourths, or four ounce intervals, and the four week intervals into fourths, or one week intervals. The subdivisions so drawn give the effect of shading. Laterally, on both sides of the rectangle, a metric



scale in 100 gram intervals is placed so that when the metric system is used, a straight edge can be laid across the chart, thus allowing the weight to be plotted at the proper age line. For greater convenience, the ages in weeks, excepting the multiples of 4, have been placed directly under the minimum line and in practice this will be found to minimize errors. The range of weights which it is possible to plot on the chart is from 1000 to 13,000 grams, or 2 pounds and 3 ounces to 28 pounds and 13 ounces, a range which will probably cover the weights of almost all babies, including viable prematures.

The "average" line has been omitted entirely, leaving the rate of gain in the individual case to be compared with the minimum and maximum rates only. This should minimize disappointments to the mother, since rates of gain vary considerably from various causes. In general a very large baby should gain at about the maximum rate and vice versa.

This weight chart, based as it is upon California statistics, is primarily intended for California infants. It probably would serve for infants generally, though experience may possibly show that the minimum curve is set a trifle too high in the second six months for universal use. While a minimum normal one year weight of nineteen pounds appears to hold for babies in San Francisco, it may be a half pound or so greater than what is to be regarded as the minimum normal for infants of the poorer classes in some urban centers.

The range of weight indicated as normal in the chart applies only to full term babies.

* From the Subdivision of Pediatrics, Stanford University Medical School.

1 Kerley, C. G. The Practice of Pediatrics; p. 39. W. B. Saunders Co., 1918.

Book Review

Medical Clinics of North America. Volume 3, Number 2 (September, 1919). New York Number. 300 pages. Published bi-monthly. W. B. Saunders Company. 1919. Price per year, $10.

W. T. Longcope: Cerebral and spinal manifestations of purpura haemorrhagica. **Leo Buerger:** Cystitis; discussion regarding its therapy. **G. R. Pisek:** Common disorders of childhood. **H. O. Mosenthal:** Symptoms and treatment of retention of waste products in nephritis. **W. W. Herrick** and **A. M. Dannenberg:** Recurring meningococcic meningitis. **A. F. Chase:** Value of chemical blood examinations in diagnosis, prognosis, and treatment of some constitutional conditions. **G. S. Willis:** Radium therapy. **M. A. Rothchild** and **A. O. Wilensky:** Cholelithiasis. **M. H. Kahn:** Functional diagnosis of the heart. **A. R. Lamb:** Flint murmur. **A. S. Blumgarten:** Vagotonia and sympathicotonia as aids in diagnosis and treatment of endocrine condition. **H. F. Wolf:** Physical therapy in locomotor ataxia. **I. W. Held:** Discussion on the splenomegalies.

Geriatrics. By Malford W. Thewlis. 250 pages. Illustrated. C. V. Mosby Company. 1919. Price, $3.

This book of 242 pages discusses in an interesting way the diseases of the aged. It is an exceedingly helpful book for any physician who has much to do with the old as in soldiers' homes or in asylums. The book contains much which will be of interest also to the general practitioner, a considerable portion of whose work must be done amongst the old. Dr. Thewlis discusses the public neglect of the aged, the value of old age, the hygienic care of the aged, their work, the care of their eyes, the problems of the senile mind, their gastrointestinal troubles, their tendency to arteriosclerosis, nephritis and bronchitis. He makes a number of practical suggestions, and points out some of the things which one must avoid. Thus, most of us know that it is not wise to keep old people in bed after fractures or other illnesses, but we do not all appreciate the importance of other things which he mentions.

W. C. A.

The Medical Clinics of North America. Volume III, Number IV (The Boston Number, January, 1920). Octavo of 316 pages, 43 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Published bi-monthly. Price, per clinic year: paper, $12.00. Cloth, $16.00.

H. A. Christian: Defects in membranous bones, exophthalmos and diabetes insipidus; an unusual syndrome of dyspituitarism. E. P. Joslin: Diabetes of long duration. W. H. Robey: Pericarditis. E. A. Locke: Malignant disease of the lungs probably secondary to a hypernephroma of kidneys. M. J. Rosenau: Studies in food poisoning. J. P. O'Hare: Vascular hypertension. C. W. McClure: Gout. G. R. Minot: Two cases with chronic gastro-intestinal symptoms. F. T. Lord: Certain types of pneumonia and serum treatment. P. D. White: Diagnostic value of electro-cardiography of hearts beating regularly. R. I. Lee: Albuminuria in young men. F. M. Rackemann: Asthma, hay-fever and allied conditions. J. H. Means: Hyperthyroidism—toxic goitre. Reginald Fritz: Surgical anaesthetics in diabetes mellitus. F. B. Talbot: Whooping cough. Stanley Cobb: Treatment of psychoneurotic. L. H. Spooner: Laboratory diagnosis.

Narcotic Drug Problem. By Ernest S. Bishop. 165 pages. New York: Macmillan Company. 1920.

In this book the author presents his experiences with theories of, and deductions from the narcotic drug addictions as he has analyzed them while a practicing physician in various New York hospitals and clinics.

He regards the unfortunate addict not as a "dope fiend" but as an individual extremely sick with so-called "addiction, disease," who requires his narcotic to keep him in a fair state of efficiency.

He is in favor of a clinic where the addict, many of whom he regards worthy, may obtain narcotics at cost price, until further investigation of the problem leads to means of ultimate cure.

The author pleads for investigation, research, publicity and education in regard to the use and abuse of narcotics.

As an appendix, there are the personal histories of several addicts, which coincide very well with the views expressed by the author in his book.

L. L. S.

The Surgical Clinics of Chicago. Volume IV, Number I (February, 1920). Octavo of 231 pages, 83 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Published bi-monthly. Price, per year: Paper, $12.00; Cloth, $16.00.

A. D. Bevan: Branchial cyst. Intestinal obstruction. Appendical abscess simulating carcinoma of ascending colon. Imperforate anus. Gauze sponge left in gall bladder; removal after interval of eleven years. E. W. Andrews: Chronic cholecystitis and cholelithiasis with positive X-Ray diagnosis. Two cases of myeloma. D. N. Eisendrath: Inguinal route in femoral herniotomy. Kellogg Speed: Prolapsus recti. Dr. Gatewood: Stricture of the esophagus. Dislocation of the hip with fracture of the acetabulum. P. H. Kreuscher: Carcinoma of esophagus. A. A. Strauss: Congenital pyloric stenosis. Carl Beck: Ectropion of lower lid. Plastic on the heel. Ununited fracture of tibia and fibula—repair by open operation and wiring of fragments. C. B. Davis: Lymphosarcoma of spine. Extradural fibroma of the spine. Ulnar paralysis. L. L. MacArthur: Sarcoma of the posterior tibial nerve—Excision—Removal of metastatic foci in retroperitoneal lymph-glands three months later. G. D. J. Griffin: Empyema—A brief resume of treatment. B. F. Davis: Traumatic separation of upper femoral epiphysis. G. L. McWhorter: Circumcision: Technic of local anesthesis. Arthrotomy of knee-joint under local anesthesia for removal of medial meniscus. C. M. McKenna: Cysts of the epididymis and vas. Hydrocele and amputation of the scrotum. Sarcoma of bladder. Carey Culbertson: Ligament shortening in treatment of retroflexion of uterus. E. L. Cornell: Kronig Cesarean section. R. L. Moodie: Studies in paleopathology—The diseases of the ancient Peruvians, and some account of their surgical practices.

The Economy of the Animal Kingdom. By Emanuel Swedenborg; translated from the Latin by Rev. Augustus Cissold, M. A. In 2 volumes, 996 pages. New York: The New Church Press.

Here are two books written by Swedenborg, dealing with anatomy, physiology and philosophy, taking up such subjects as the composition of the blood, a description of the arteries and veins, the formation of the chick in the egg, fetal circulation, the heart of the turtle and many other similar subjects which one would hardly imagine would interest a theological philosopher such as Swedenborg. It is not very likely that the modern

medical student will read any of these books written by a mystic about three centuries ago, but it would be worth his while to glance over them, if he came across no other little gem of wisdom than this: Speaking of the various investigators in anatomy and physiology, he says there are some born for experimental observation and endowed with keen insight. "There are others again who enjoy a natural faculty for contemplating facts already discovered, and eliciting their causes. Both are peculiar gifts, and are seldom united in the same person. Besides, I found, when intently occupied in exploring the secrets of the human body, that as soon as I discovered anything that had not been observed before, I began (seduced probably by self-love) to grow blind to the most acute lucubrations and researches of others, and to originate the whole series of inductive arguments from my particular discovery alone."

In reading this work of Swedenborg one is reminded very much of the synthetic philosophy of Herbert Spencer. It is the assembling of the observation and wisdom of others by means of which the author constructs a philosophy which to him answers the questions of life. Through the various chapters he leads up by rational process to the approximate location of the human soul which he establishes in the ebb and flow of the cerebral-spinal fluid in the ventricles of the brain; that is, so far as one can understand Swedenborg. But, of course, he says, this is only the material manifestation of the activity of the higher cause which operates upon this particular part of the anatomy.

In the light of modern investigatiou, Swedenborg would probably go a little further in placing his finger upon the exact spot where the soul ultimately rests. If you have a liking for deep obstruse thought, read Swedenborg. It has a very calming effect upon the emotions.

Clinical Department

CASE HISTORIES FROM THE CHILDREN'S DEPARTMENT OF THE UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS.

Case No. 6. March 8, 1915. P. R. Male. American. 2½ years of age. No. 8849.

Complaint: Twitching of extremities, vomiting, fever.

Family History: Father, mother, two brothers and one sister alive and well. No dead children and no miscarriages. No history of tuberculosis in the family or exposure to it.

Past History: Full term, normal delivery, birth weight, 7½ pounds. Breast fed for 16 months, supplemented after the 6th month by Nestle's Food. Present diet chiefly milk (commercial), fruit and vegetables. He had bronchitis when 6 months of age. At the age of 1⅞ years there was an acute cervical adenitis of the left side ending in suppuration and requiring incision. After a discharge persisting 4 weeks the condition apparently entirely healed. He had pertussis when one year and eleven months and coughed for 3 months; measles when two years and one month, at which time he was very ill for 3 weeks and for 2 days was in a "stupor." He has been subject to frequent colds and sore throat. The digestion and appetite have always been good.

Present Illness: Three weeks before entry the child contracted a severe cold which was accompanied by much malaise and anorexia. Five days before entry he became much worse; he complained of being tired, was irritable and refused to play. At this time there was a slight discharge from the right ear. Three days later he seemed very much worse, vomited twice and there was a temperature of 102°F. There were no convulsions, but frequent twitchings of the arms and legs. The bowels were constipated. Castor oil caused the passage of several foul smelling watery

FINDINGS IN CEREBRO-SPINAL FLUID

Types	Amount	Pressure	Character	Clot	Cell Count	Differential	Organisms
Normal	5-10	None	Clear	Absent	5-10	Monos. or Endothel.	None
Meningismus	5-20	Slight	Clear	Absent Small or Fibrin	5-80	Monos. Predominating	None
Poliomyelitis	10-50	Slight	Clear	+ Early — Late	10-500	Monos. Predom. acutely. Polys. late, if at all	None
Encephalitis	10-60	Slight	Clear	Absent or Slight	10-100	Monos. Predominating	None
Tuberculous	10-100	Moderate	Clear to Opalescent	Fine	15-200 (+)	Monos. Predominating	B. Tbc.
Epidemic C.-S. Fever	10-100	Marked	Cloudy	Marked	80-800 (+)	Polys. Predominating	Diplococcus of Weichselbaum
Pneumococcus and Streptococcus	10-100	Marked	Cloudy	Marked	80-800 (+)	Polys. Predominating	Pneumococcus or Streptococcus
Others	10-100	Marked	Opalescent to Cloudy	Marked	40-400 (+)	Polys. Predom. Influenza Oc. Monos.	Various

movements. He was referred into the hospital by his private physician with the diagnosis of "probable meningitis."

Physical Examination. A well developed and nourished boy of 2½ years, lying quietly in bed. The cheeks are flushed, skin clear, lips and mucosae of fair color. Head well shaped; marked perspiration so as to dampen the pillow. Pupils equal, circular, react to light and distance. There is no strabismus or nystagmus. Ears—slight discharge in the right canal, right tympanic membrane dull, congested. Left membrane congested, not bulging. Nose, teeth, negative. Tongue coated, tonsils enlarged, cryptic, reddened, but with no exudate. Scar of cervical adenitis left neck. Cervical glands palpable but not unduly enlarged. Chest negative. Lungs negative except for moderate interscapular dullness. Heart negative. Abdomen distended, tympanitic in the flanks. Negative to inspection and palpation. Reflexes—patellars present but sluggish. Biceps and triceps present on both sides, Babinski, Oppenheim and Brudzinski positive. Markedly positive neck sign and cervical rigidity. Kernig positive on both sides and causes pain in the abdomen.

Blood count: Hemoglobin 72%, R. B. C. 4, 768,000, W. B. C. 31,450. Differential—Polys. 84%, Lympho 9%, Large monos. 7%.

Urine—negative.

Lumbar puncture—25 c. c. clear fluid under increased pressure. Cells 4 per c. m. m. all lymphocytes. Nonne and Noguchi negative. Fehling's reduced. No clot on standing. No organisms demonstrated.

Paracentesis of right drum. Von Pirquet negative to human and bovine.

Luetin—negative.

March 10—No pathological reflexes can now be elicited. There is an area of consolidation demonstrable in the left lower lobe. Second paracentesis of right drum.

March 12—Right ear still discharging. Crisis of pneumonic process. Baby much improved.

March 15—Removed from hospital relieved.

Diagnosis: Acute suppurative Otitis Media and Right Lobar Pneumonia, left lower lobe. Meningismus.

Discussion: The present case showed nervous symptoms persisting after catharsis which would tend to suggest meningeal involvement as against an intestinal condition as the primary cause. The onset 3 weeks previously would point to a tuberculous rather than a cerebro-spinal form of meningitis. The presence or absence of eruption or of the taches cerebrales in meningitis in children is of no significance in the diagnosis. The abdomen may be sunken or distended (as in this case) but is practically never rigid (attempting the Kernig caused pain only).

There are two extremely frequent pathological conditions in children, and comparable with their frequency is their tendency to cause the superficial signs and symptoms of meningitis. These are, namely, acute pyelitis and acute otitis media. Perhaps next to these in causing meningeal signs is pneumonia. Examination of the ears and of the urine in every case will eliminate many errors in early diagnosis.

In referring to Case No. 5 of this series, it will be seen that many more signs were referable to the nervous system and, in particular to the meninges, in this case than in the other. Yet this was a toxic, so called serous meningitis (meningismus), the other an infection with the tubercle bacillus.

Differentiation is usually possible by means of a lumbar puncture, and yet from the following table, encephalitis, etc., may cause but few changes in the spinal fluid early in the disease. These two conditions, however, usually furnish other data for diagnosis.

County Societies

CONTRA COSTA COUNTY

An exceedingly interesting meeting was held by the Contra Costa County Medical Society April 10, 1920, at the Hotel Crockett, Crockett, Calif., diverging considerably from the usual. The members were the guests of the California-Hawaiian Sugar Company who tendered an elaborate banquet and afterward took the medical men on a tour through the refinery, soon to be the largest in the world. A large attendance was present.

IMPERIAL COUNTY

A meeting of the physicians of Imperial County was held on May 3, 1920, for the purpose of reorganizing the Imperial County Medical Society, and the following officers were elected: Dr. W. W. Apple, president; Dr. R. O. Thompson, vice-president, and Dr. C. S. Brooks, secretary-treasurer. The re-organized society starts with a membership of twelve, with more to come, and the secretary promises that it will be a "good, live permanent society."

LOS ANGELES COUNTY.

Meeting of the Los Angeles County Medical Association.

The Society met April 1, 1920, in the Friday Morning Club House at 8 p. m. in conjunction with the Los Angeles Surgical Society.

The Vice-President, Dr. John V. Barrow, presiding and speaking of the pleasure of having recently heard Dr. C. H. Mayo, the Chief of the great Mayo institution, introduced the Chief of the Urological Division of the Mayo Clinic, Dr. W. F. Braasch of Rochester.

Dr. Braasch spoke of "Recent Observations in the Study of Renal Tuberculosis," saying that he made some clinical observations from 1894 to 1919, giving statistics of cases and operations.

The diagnosis is based on the frequency of urination with pyuria, especially during the night and persisting for two or three months. In the male, renal tuberculosis occurs twice as often as in the female. Only ten per cent. of cases of renal tuberculosis were diagnosed before coming to the clinic, yet the tubercular bacillus can be found in 75 per cent. of cases. Inoculation of guinea pigs is not satisfactory as a diagnostic method, because it takes from six to seven weeks before there is an answer, and the short cut by exposing the guinea pig to the X-ray for developing the process more rapidly did not work well.

The differential diagnosis between a unilateral affection or renal tuberculosis, a medical condition or a surgical condition, must determine whether operation is indicated or not.

Discussion.

Dr. McGowen stated that Dr. Braasch had extraordinary facilities. He told of a French surgeon saying that those who have tuberculosis of the kidneys are not hopeless. Fifty per cent. of those suffering from tuberculosis of one kidney, if the diagnosis be made accurately along lines used by Professor Braasch, as proper examinations of the patient and a definite diagnosis, can be cured of their disease, relieved of their symptoms and sent forth to useful lives.

Dr. Braasch's conclusions were practically the same as those which he arrived at in Southern California. It is difficult to find whether the disease is confined to one kidney. The X-ray is extremely useful in making the diagnosis of tuberculosis of the kidneys. He ended by moving that a vote of thanks be extended to Dr. Braasch for the very interesting paper. The motion was unanimously carried.

Dr. Peterson said that genito-urinary tuberculo-

sis occurred chiefly between 20 and 40 years of age and that tuberculosis of the kidneys secondary to some other foci, is not as frequent as thought. In a measure it is a primary infection except that in early life there was some tuberculosis of the lungs. Some cases of pulmonary tuberculosis developed tuberculosis of the kidneys and that of the lungs got well.

Dr. Hartwick inquired whether partial resection of kidneys were made in the Mayo Clinic.

Dr. Braasch replied that no partial resections were ever done there. The active kidney was either removed or let alone. Partial nephrectomy has been done but without success.

Dr. McGowen remarked that nearly all cases of tubercular testicle get well without castration.

Dr. Anders Peterson of the Mayo Clinic spoke on the "Anastomosis of Ureter-technique, with lantern slides." He dwelt on four methods of repimplantation of ureters into bladders. The slides pictured the procedure.

Some one brought up the "no parking" ordinance and the hardships it would cause to practitioners. Dr. Shoemaker said that a committee had already asked the city council to modify the order but failed in their effort.

April 15, 1920—Joint Meeting of the Los Angeles County Dental and the Medical Associations in the Friday Morning Club House at 8 p. m.

Dr. Rae Smith, the president, opened the meeting by asking Frederick Leix, M. D., to speak of Teamwork—Medicine and Dentistry (with lantern slides).

Dr. Leix said the object is to bring about a better understanding and harmonious consultation between dentists and physicians. It is said that medical practitioners often interfere with the dentist's work, although the physician has paid but little attention to the teeth. The diagnosis is the foundation for the specialist as a superstructure. The combined strength of the specialists attains the best results.

There are many special branches of dentistry; there is the mouth hygienist, the children's specialist, odontologist, etc. There should be a consultation in extraction of teeth for root abscesses. A tooth is estimated to be worth $1000 and should be saved if possible. Unfortunately the patient often looks for cheap work.

B. McCollum, D. D. S., spoke on "Dentistry." Dr. McCollum said that Prof. John B. Murphy claimed that the doctor practices as the community wants him to. The public cannot distinguish between fakes and members of the dental and medical societies.

The physician should pass on a healthy mouth, but not tell the dentist how to correct defects. The object is to restore the health of the patient.

John Buckley, D. D. S., had for his subject "What shall be done with pulpless teeth."

Drs. Rosenau, Billings and the Mayos advocate that all pulpless teeth be extracted. When the physician suspects focal infection in the mouth he should refer the patient to his family dentist with the suggestions he deems wise in the case. The dentist's duty is to treat, extract or make a bridge if the pulp has been put in condition. We want to do team work for our patient's health.

T. W. Brophy, M. D., on "Cleft Palate and Hare Lip" gave a stereopticon lecture. He said that the cleft palate is not due to a lack of tissue, but that the parts are all present, being simply ununited. These parts must be brought together properly first before operating on the lip. The nose must be raised. There are fourteen forms of cleft palate and these forms have many deviations and complications. How the projecting intermaxillary bone must be brought down to form the arch and all the necessary steps in the operation were beautifully presented on the screen in an admirably scientific manner so that the whole operation seemed simple and clear.

The president suggested that because of the lateness of the hour the discussion be omitted.

Dr. Thomas moved a vote of thanks which was carried.

The regular meeting of the Pasadena Medical Society was held at the Pasadena Hospital, April 6th, 8 p. m., instead of April 13th, 1920, in order to give the members the opportunity to hear Dr. Wm. F. Braasch of the Mayo Clinic. Subject, "The Relation of Urology to the Modern Hospital."

Medical Programs

Los Angeles Clinical and Pathological Society

Regular Meeting, March 25

Program

1. Acute dilation of the stomach following appendectomy.....F. A. Speik, M. D.
2. Pyloric Ulcer with perforation, specimen removed at operation.....Henry H. Sherk, M. D.
3. Encephalitis Lethargica, with autopsy and pathological findings by A. H. Zeiler. Exhibition of patients with this disease..H. G. Brainerd, M. D.
4. Tumor of brain, with specimen.....Geo. G. Hunter, M. D.
5. Urinary Calculi.....Leon J. Roth, M. D.
6. a. Patient showing among other reflexes, trophic disturbances of the facial muscles as a result of pulmonary tuberculosis.

   b. Patient with general Ichthyosis.....F. M. Pottenger, M. D.
7. Malignancy of the eye, treated with radium, exhibition of patient.....Frank W. Miller
8. Two cases of Hypertension Headaches, relieved by strychnia.....Ernest C. Fishbaugh, M. D.

Harbor Branch of The Los Angeles County Medical Association

Regular Meeting, March 26.

Program

"Observations on the Pupil and its Reflexes".....John Franklin Campbell, M. D., Chicago
Discussion.....J. H. McKellar, M. D.
.....Albert W. Hiller, M. D.
"Report of a Case of Raynaud's Disease".....W. D. Turner, M. D.
Discussion.....Frank Mikels, M. D.

Symposium Society

Regular Meeting, March 31.

Program

Genital Tuberculosis.....Lasher Hart, M. D.
Urinary Tuberculosis—symptoms, pathology and diagnosis.....Leon Roth, M. D.
Urinary Tuberculosis—treatment and prognosis.....Frank Dillingham, M. D.

Eye and Ear Section of the Los Angeles County Medical Association

Regular Meeting, April 5.

Program

Physiology of Vertigo.....Eugene R. Lewis, M. D., Philadelphia
Clinical Substance of Vertigo.....Isaac S. Jones, Philadelphia

Southern California Society of Anesthetists

Regular Meeting, April 6.

Program

"Present Status of the Science of Anesthesia and of Anesthetists".....Eleanor Seymour, M. D.
"Methods of Organization to Abolish the Lay-Anesthetist".....Geo. Piness, M. D.

Los Angeles Obstetrical Society

A Section of the Los Angeles County Medical Association

Regular Meeting, April 13, 1920.

Program

1. Spinal Andesthesia in Obstetrics.....Harry T. Cook, M. D.
2. The Prevention of Female Diseases.....W. O. Henry, M. D.
3. Acute Yellow Atrophy of the Liver following labor, with case report.....F. O. Yost, M. D.

Los Angeles Surgical Society
Regular Meeting, May 18.
Program
"Surgical Treatment of Carcinoma of the Breast"
.....F. K. Collins, M. D.

PERSONALS

Doctor Off for Poland.

Dr. Harry Plotz, typhus bacillus specialist, has sailed for Europe to supervise the work of physicians checking the plague. Ninety-five per cent. of the Jews in Poland are afflicted with typhus. Dr. Plotz served as colonel and inaugurated the steam system of delousing men to prevent the spread of infection.

Doctor to Study Typhus Abroad.

Dr. Fred P. Bowen of this city is on the way to France on behalf of the American Red Cross. In Europe and the Balkans he is to study means of combatting the typhus epidemic for six months.

HOSPITALS.

Los Angeles Hospitals Full.

Dr. Harlan Shoemaker remarked April 8, that the hospitals in the city have been crowded to full capacity for eight months.

New Hospital Campaign.

Pasadenans have met to raise $1,000,000 in one week to build a new plant for the Pasadena Hospital.

Dr. Charles D. Lockwood is general chairman. John S. Cravens and A. M. Andrews are vice-chairmen. Mrs. Robert J. Burdette is chairman of the women's division with Mrs. John S. Cravens and Mrs. Myron Hunt as vice-chairmen. John McWilliams, Jr., is head of the men's division.

Phthisis Delegates.

The directors of the Los Angeles Tuberculosis Association met April 6 and Mrs. J. J. A. Van Kaathoven presided. It was decided that Dr. Charles C. Browning, chief of the county and city work and Miss Sidney Maguire, executive secretary of the association, are to go to the National Tuberculosis Association Convention at St. Louis, April 22 to 25, in order that the subject of migratory indigent consumptives who frequent California more than any other place, and that the plan for unification of public health nursing may be duly considered.

The University of Southern California Medical Department.

The board of trustees of the University have decided to discontinue the medical department after the graduation of the senior class in order to meet the requirements of a Class A medical school as suggested by the American Medical Association.

From $1,500,000 to $2,000,000 is necessary to endow such a school with all the equipment, clinics, and faculty to make the medical department come up to the standard.

Dr. Bryson, the dean and the members of the faculty have done wonders considering the lack of funds.

The trustees are busy with the new $600,000 administration building and the College of Liberal Arts, but they hope to develop all departments on the same scale to meet the needs of the city and tributary territory.

Dr. Geo. F. Bovard, the president of the U. S. C., says that a $3,000,000 fund is needed as it takes about $100,000 a year over income from tuition charges.

The students of the medical department have organized to prevent the suspension of their alma mater. The movement is headed by H. M. Karsten.

The committee of students learned from Dr. Bovard that Drs. Abraham Flexner and Mosher of the Rockefeller foundation during their visit informed the board of control that the Rockefeller Foundation idea was to establish three medical centers in the United States, one in the East, one centrally, and one on the Pacific Coast.

The students would rather continue as a class "B" college until there is money enough to raise the standard, than to have the school suspended.

The alumni of the Medical College, U. S. C., have organized to secure the necessary endowment for a class "A" college. The secretary of the Council of Education of the American Medical Association gives as a requirement an endowment fund to produce an annual income of $25,000 above tuition payments and a teaching staff of at least fifteen.

The Merchants and Manufacturers' Association will consider the endorsement of the project and many clubs and civic organizations have promised their moral and active support.

The Municipal Drug Clinic of Los Angeles.

Dr. Nevius in defense of the Drug Clinic stated that the clinic, or any clinic, in fact, is not the solution of the drug evil and that the theory on which the drug clinic is supposed to work, that of a reduction of amount, has never been put into practice here. He estimated that the clinic is selling drugs to only one-fourth of all the addicts of the city. He thinks the clinic has been of value. First, some addicts have been given a desire to break themselves of the habit, and with their will to be cured, they may be helped. Second, a stop has been put to peddling in a large degree. Third, some formerly respectable men and women addicts, have been given a chance to get their morphine legitimately and still attend to business.

MENDOCINO COUNTY.

A regular meeting of the Society was held on April 21, 1920, at the Palace Hotel, Ukiah. The President, Dr. S. L. Rea in the chair. Members present: Drs. S. L. Rea, E. C. Griner, L. K. Van Allen, O. H. Beckman and G. W. Stout. The minutes of the previous meeting were read and approved. On motion Dr. S. L. Rea was elected alternate to the State Medical Society meeting to be held at Santa Barbara on May 11-12-13.

Committees for 1920 were appointed, the president and secretary to be ex-officio members on all committees.

Censors—Drs. C. L. Sweet, F. G. Gunn, E. C. Bennett and E. C. Griner.

Program—Drs. G. W. Stout, F. M. L. Campbell, L. K. Van Allen.

Ways and Means—Drs. H. Peddicord, H. H. Wolfe, R. A. Babcock.

Joint meeting mith the N. W. P. R. R. S. Association—Dr. G. W. Stout, E. C. Griner, H. H. Wolfe.

On Lake County—Drs. F. G. Gunn and R. H. Hunt.

It was also resolved to get more interest in the meetings by clinics, etc., and to try if advertisements could be procured for Bulletin so as to be able to secure funds sufficient for its publication and make it the property of the Society.

A banquet preceded the meeting. Dr. S. L. Rea was the host.

ORANGE COUNTY

The annual meeting of the Orange County Medical Society was held at James Cafe at Santa Ana on Tuesday evening, May fourth. The members with their wives sat down to a banquet at eight o'clock after which the retiring president, Dr. J. M. Tralle, read an address entitled "Reconstruction." The paper was interesting and instructive and dealt with the subject in a very broad manner.

Dr. C. C. Violett was appointed installing officer and in his usual pleasing manner installed the officers for the ensuing year.

With Dr. J. L. Dryer as toastmaster the balance of the evening was spent in listening to toasts from several of the members and short addresses from Drs. Hurst and Griswold of the University Hospital at Seoul, Korea. The speeches of the

evening were interspersed with election returns from different parts of the State, some genuine and some not. The latter adding to the enjoyment and perturbation of some of the members present.

At a late hour the meeting broke up with all joining in singing "America" and each and all felt that the Orange County Society had experienced one of its most successful annual meetings.

SACRAMENTO COUNTY.

The regular monthly meeting of the Sacramento Society for Medical Improvement was held in the Sacramento Hotel, Tuesday evening, April 20.

Dr. Schopf reported a case of the unusual "mycosis fungoides." Dr. Gundrum reported a case, who had confused some head-ache powders with calomel powders (the latter of which she had been ordered to take one every hour) and in the course of twelve hours, had administered to herself, 48 grains of acetanilid and 37½ grains of phenacetine; aside from a marked cyanosis, nothing wrong was noted, the heart and blood-pressure remaining normal. Dr. Pitts reported a case of dextrocardia with transposition of the viscera (as shown and proved by the X-ray), with the liver on the left, spleen on the right, pylorus and appendix on the left side. Dr. James reported several cases of tracheal diphtheria occurring in the last few months, where the throat was clinically negative, but culture taken from a tracheal swab, proved positive; he emphasized the need in all cases of obstructed breathing, to have a culture taken from the vocal cords or trachea below.

The subject of the evening was on "chest roentgenology," with numerous lantern slides, by Dr. Harold Zimmerman, whose experiences as a special worker in X-ray had been abundantly enriched by his connection with the Letterman General Hospital as roentgenologist, during the period of the war and immediately thereafter; among the plates shown and demonstrated, were sarcoma and primary carcinoma of the lung; foreign bodies in the Bronchi; Pneumoconiosis; dermoid Cysts; cervical rib; various forms and in all stages, of Tuberculosis at the Hylum, peribronchial and alveolal areas; pneumothorax and hydro-pneumothorax; demonstrations of the difference between the pictures of the heart and mediastinum of children and adults; various anomalies of development; cotton seed oil, Acacia, and bismuth mixture for the tracing of cavities proved to be more efficient in Army service, than the usual form of Beck's Paste.

Doctors Christman, Bell and Beauchamp were elected to membership in the Society.

PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY

During the month of April, 1920, the following meetings were held:

Tuesday, April 13—General Meeting

1. The truth about osteopathy—Emmet Rixford.
2. Eddies of Eddyism.—Mr. Celestine J. Sullivan.

Tuesday, April 20—Section on Surgery

1. The second great type of chronic arthritis.—(Illustrated)—L. W. Ely.

and

Dental conditions in these cases.—J. L. Campbell, D. D. S.

2. The open air treatment of wounds.—H. M. Sherman.

Tuesday, April 27—Section on Eye, Ear, Nose and Throat.

Symposium on Focal Infection.

1. Demonstration of cases.
2. Stock taking in mouth infections.—(Illustrated)—J. G. Sharp.
3. Relation of focal infection to internal medicine.—Lovell Langstroth.
4. Relation of focal infection to ophthalmology.—W. S. Franklin.
5. The ear, nose and throat as foci of infection.—Harvard McNaught.

SAN JOAQUIN COUNTY

The regular monthly meeting of the San Joaquin County Medical Society was held on Friday evening, April 9th, at the Hotel Lincoln. In the absence of the president, first and second vice-presidents, Dr. E. A. Arthur presided. Those present were: Drs. E. A. Arthur, J. T. Davison, C. D. Holliger, W. T. McNeil, C. R. Harry, R. T. McGurk, J. P. Martin, Mary Taylor, Minerva Goodman, Hudson Smythe, Margaret Smythe, F. S. Marnell, B. J. Powell, D. R. Powell and Dr. Howard Ruggles of San Francisco as guest and speaker of the evening.

Dr. C. R. Harry presented an interesting case of Myxedema which is doing very nicely on Thyroid extract but who has the greatest reaction within a week's time when such treatment is discontinued. The doctor also displayed an unusually large gall stone which was of interest because it had been entirely overlooked at the time of the operation and had appeared spontaneously through the drainage wound several weeks later.

The speaker of the evening, Dr. Howard Ruggles, was next introduced and gave an interesting paper on "Lung Tumors." The doctor showed on the lantern screen many typical cases of tumors of the mediastinum and lung and also showed some of the X-Ray plates demonstrating these typical conditions. The paper was discussed by Dr. McGurk and Dr. Holliger and as there was no further business the meeting adjourned to enjoy a light luncheon.

Correspondence

WHAT ONE READER THINKS.

Los Angeles, April 23, 1902.

To the Editor: For the first time in over two years, I received a copy of your valuable Journal, viz., the April 1920 number and I want to slip along a little note of appreciation. Although I have been receiving it since about 1912 or '13, and knew it was an excellent Journal, I did not fully appreciate just how good it really was. I might name all the articles (in fact it is hard to pick out any of them) but the ones entitled "Ouija Boards and Cult Cures," page 114; "Chiropractors Defy Law," page 115; "The Lady and The Tiger," page 116; "Cui Bono," page 131, shows that "somebody is doing some thinking along up-to-date and down-to-the-minute lines."

All I can do just now is to send in my little opinion and say "Let the good work go on," and try to express to you how much the Journal is appreciated at this office.

Cordially and sincerely yours,

FRANK A. WOODWARD, M. D.

DIET IN HAY FEVER

Cloverdale, Calif., April 29, 1920.

To the Editor:—I wish to report to you the results of several years of careful observation in the relief of hay fever (so called) which as we all know is caused by the pollen of certain grasses, plants and trees. This pollen is a highly concentrated vegetable protein substance readily soluble upon and absorbable by the mucous membranes of humans.

About 90% of all cases of so-called hay fever, rose cold, hay asthma, etc., may be relieved without medicine externally or internally by a rigid adherence to a proper diet. The phenomena of

hay fever is a constitutional reaction with local manifestations due to toxication by the absorption of pollen, a vegetable protein in a system already supersaturated with the animal and vegetable proteins.

The proofs of these observations have been checked up by having those who have suffered and been relieved by proper dietary measures, eat a meal rich in animal and vegetable proteins and within two to six hours' time the symptoms of hay fever would again become manifest if exposed to the offending pollen. These experiments have not only been proven on a goodly number of patients but on myself as well.

The directions given to patients, unless there be marked indication for a calomel purge or other eliminative treatment, is totally to abstain from medicine and all animal food such as beef, mutton, lean pork, veal, game, poultry, fish, shell fish, eggs, cheese and vegetable proteins to be found in dried beans, peas and lentils and the starch of potatoes.

These patients are told to eat all they require of rolled oat, wheat, graham or corn meal mush, graham bread, biscuits or muffins, corn bread, whole wheat bread with butter, all fresh or cooked fruits, orange, lemon or pomelo juice, salads, vegetable soups, greens and all fresh vegetables including green peas and string beans, fresh or canned; a little fat bacon may be used to flavor the vegetable dishes. Milk, tea or coffee may be taken in moderation if there is no contraindication.

A perfect system of diet can be given the patient so that a sufficient quantity and variety may be had to sustain life and render the patient free from the distressing symptoms of hay fever. This diet system will also help many cases of spasmodic asthma which are often due to autointoxication or protein anaphylaxis.

After a patient has been completely relieved, animal foods may again be taken in small quantities to test the patient's tolerance for protein; some are able to take more and other less while still others are unable to take any.

In offering this it is with the hope that other physicians may try and report the results of their observations that mine may be proved or disproved.

Yours fraternally,
W. C. SHIPLEY, M. D.

Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

YOU MUST RENEW YOUR FEDERAL NARCOTIC LICENSE DURING JUNE.

The Council on Pharmacy and Chemistry was created because the complexity of modern medicine makes it a physical impossibility for physicians to know the scientific status of the many proprietary remedies which are on the market. As commercial agencies, such as Bradstreet and Dun report on the commercial probity of individuals and firms, so the Council on Pharmacy and Chemistry reports on what might be called the scientific probity of proprietary and unofficial pharmaceutical remedies.

STANNOXYL has been refused admission to N. N. R. on the ground that its claims are unwarranted. Stannoxyl is a preparation of Stanous oxide and tin. It has been noted that tin workers are apparently immune from boils and this led French investigators to the conclusion that tin might be a specific for Staphylocin infection.

PLATT'S CHLORIDES have been refused admission to N. N. R. Platt's Chlorides consist of a solution of aluminum salts with zinc chloride and a little mercuric chloride. It may have some virtues when applied directly but certainly is absolutely inert when allowed to evaporate in a room for the purpose of disinfecting a room. What evaporates is merely water and there is no chlorine action as one might be led to believe from the label, etc.

MINERAL WATERS: The United States Department of Agriculture has condemned a number of American Mineral Waters most of which are apparently not sold on this Coast. Some of the Mineral Waters were found to be infected bacteriologically while others were not what they claimed to be. The physician should be careful before ordering any new Mineral Water to see that it has been thoroughly tested chemically and bacteriologically.

CHLORON, CHLORAX AND No. 3 are preparations which have not, as yet, reached California but are probably on the way. They have been found to do what they claim and to be injurious to the extent of depriving the patient of much needed medication.

ELARSEN has been omitted from the N. N. R. as it was found to have no advantage over Fowler's solution and its claims are not justified.

Medicine Before the Bench

In this column will appear with appropriate comment, from month to month, court decisions and proceedings affecting the various phases of medical practice, the conduct of hospitals and the enforcement of public health laws.

DR. F. J. PETR WINS SUIT.

In the May issue of the JOURNAL a brief reference was made to a suit for damages brought in Judge Pulcifer's court against Dr. F. J. Petr of Oakland. The complainant was S. Barranco, the husband of Marie Barranco, who alleged that Dr. Petr, whilst acting for the North American Hospital Association, performed an unnecessary abortion on Mrs. Barranco.

The evidence adduced established the following points:

That Dr. Petr was called to treat the patient, who was the plaintiff's wife, and found her suffering pain in the region of her uterus; that upon examination he found membrane protruding from the uterus into the vagina; that the patient told him that she had been pregnant for some six weeks, but that he diagnosed the pregnancy as being one of about about four months; that the doctor put the patient to bed, prescribed rest, and left a prescription to be filled by a druggist, and left instructions to call him at once in case of need; that the doctor first visited the patient about 8 o'clock in the morning and visited her again about 4 o'clock p. m. on the same day; that upon the second occasion he made further examination with the assistance of a speculum and verified his opinion as to the age of the pregnancy; that he found that the miscarriage was already in course of taking place, although very gradually and that the woman had a similar occurrence some six or eight months before; that the doctor after advising the patient

and her husband that the child could not be saved, tamponed the patient and came to see her again early the following morning, at which time he found her in about the same condition, and removed the tampon. There was no hemorrhage at any time during his treatment. He returned to his patient again on the afternoon of the second day, and found her in about the same condition, leaving her about 5 o'clock. The physician, it will be seen, was visiting the patient twice a day. About half past six a miscarriage took place and the ovum was expelled through natural causes. Another physician was summoned, who being innocent of the fact that Dr. Petr had been in attendance, took the patient to the hospital, where a curetment was had. The patient remained at the hospital three or four days and then was taken home. She seemed to have made a comparatively good recovery. It developed at the trial that a day or so before she first sent for Dr. Petr, the defendant, that she had seen an Italian, whose face had been severely cut and whose head was very bloody, and that she attributed her unfortunate condition to that fact.

There was substantially no conflict in this evidence. Dr. A. M. Smith testified in the case that Dr. Petr's treatment was standard and that he had omitted nothing that should have been done. Judgment was rendered in favor of Dr. Petr.

Medical Items in California Press

OSTEOPATHIC OPERATION

Dr. Linwood Dozier, Health Officer of Stockton, refuses to honor a death certificate filed by J. C. Rule, Osteopath, showing that a ten-year-old "infant" died after suffering with peritonitis and appendicitis for which an operation had been performed. Dr. Dozier holds an osteopath has no right to perform such an operation.—Stockton "Record."

OSTEOPATH USES DRUGS

Dr. William T. Harlan, an osteopath of Arbuckle, California, plead guilty before the Board of Medical Examiners February 18, 1920, to the charge of using drugs and writing prescriptions, and his certificate was revoked on the grounds that his certificate to practice osteopathy does not permit the use of drugs.—Los Angeles "Record."

CHINESE DOCTOR CONVICTED

T. Wah Hing, a Chinese herb doctor of Sacramento recently convicted of practicing in violation of the Medical Act, was arrested February 13, 1920, by the Board of Pharmacy, and drugs valued at over $5,000.00 were seized. It is stated the Federal authorities will prosecute him under the Federal Narcotic Act.—Sacramento "Bee."

CORONER'S JURY DISAGREES

A coroner's jury impaneled in San Jose to investigate the death of Mrs. V. L. Hill, who died in Palo Alto while attended by a Christian Science practitioner, and without the attendance of a physician, refused to bring in a verdict.—San Jose "Mercury-Herald."

CHINESE DOCTORS ARRESTED

Poo On and N. S. Sue, Chinese herbalists of Modesto, arrested January 19, 1920, by the Board of Medical Examiners charged with practicing medicine without a license. Bail in the amount of $250.00 each secured their release. This is their second arrest on the same charge within the past few months, Sue having paid a fine of $250.00 while the trial of Poo On is set for February 25, 1920.—Modesto "News."

LICENSE REVOKED

The license to practice medicine and surgery in California heretofore held by William F. Thompson of Oakland, was revoked by the Board of Medical Examiners, February 19, 1920, on the charge of having performed a criminal operation.

GUILTY OF PRACTICING WITHOUT A LICENSE

Rose Trattner was fined $300.00 and given a ninety days' suspended jail sentence before Police Judge Richardson in Los Angeles, February 7, after having been found guilty of practicing medicine without a license.—Los Angeles "Examiner."

State Board of Medical Examiners

REGULAR MEETING.
LICENSING EXAMINATION.

Los Angeles, California, February 16, 1920.

PATHOLOGY AND BACTERIOLOGY.

LEMUEL P. ADAMS, M.D.

February 17, 1920.

Physicians and Surgeons.

(Answer ten questions only)

1. Given a patient suffering from an acute pneumonia suspected of being due to infection with the Bacillus Pestis, describe in detail the laboratory performances necessary to make a definite diagnosis.
2. How do bacteria produce disease?
3. Give an explanation of Erlich's receptors of first, second and third orders and briefly discuss the functions of each.
4. Give the gross features of one anatomic variety of bronchiectasis.
5. How does the Tetanus bacillus cause disease? What kind of wounds favor the development of Tetanus? Discuss the value of Tetanus Antitoxin in the treatment of tetanus infection.
6. What is acidosis? Give the laboratory methods for determining same.
7. Give the gross morphological changes found at autopsy in the body of an individual dead of plague.
8. (a) Give four diseases in which a leucopenia is the rule.
   (b) Give the blood picture in detail in leukemia.
9. Give differential diagnosis in the gross between early carcinoma of the cervix and cervical chancre.
10. What are the causes of enlarged spleen? Describe in detail the gross and microscopic pathology of one of these.
11. What is an infarct? Give types and describe the formation of each.
12. Give urinary findings of (1) acute parenchymatous nephritis, (2) chronic interstitial nephritis.

PATHOLOGY AND ELEM. BACTERIOLOGY.

Drugless Practitioners.

Feb. 17, 1920

(Answer ten questions only)

1. How do bacteria produce disease?
2. State how a benign tumor may prove a menace to health.
3. Define Ludwig's angina; abscess; carbuncle; fistula; sinus.
4. (a) Name four pyogenic bacteria.
   (b) Give method of hand asepsis.

5. Name four of the common intestinal tape worms.
6. State urinary findings in Diabetes Mellitus and Chronic Interstitial Nephritis.
7. Give bacteria commonly found in (a) bladder infections; (b) in kidney infections.
8. Give the etiology of acute lobar pneumonia; endocarditis.
9. Give the blood findings in Typhoid Fever.
10. Give causes of puerperal sepsis.
11. Name five pathogenic cocci.
12. Give the general characteristics of sarcomata.

HYGIENE AND SANITATION.
Drugless.

HARRY E. ALDERSON, M.D.
LEMUEL P. ADAMS, M.D.
Feb. 18, 1920
(Answer ten questions only)

1. Discuss the quarantine of varicella.
2. Discuss the differences between variola and varicella.
3. Discuss prevention of the spread of syphilis.
4. Discuss the effects of (a) Turkish bath, (b) Russian bath.
5. Define "hygiene and sanitation."
6. How is bubonic plague contracted?
7. Discuss the physiological effects of general massage.
8. Why do miners contract tuberculosis?
9. Name five diseases that may be conveyed by milk.
10. Discuss the proper dietary for a person of eighty years in good health.
11. What is certified milk?
12. Discuss the prevention of botulism.

HYGIENE AND SANITATION.
Physicians and Surgeons.

HARRY E. ALDERSON, M.D.
Feb. 18, 1920
(Answer ten questions only)

1. Discuss venereal prophylaxis.
2. Discuss the prevention of infection with the treponema pallidum.
3. Discuss the proper arrangement of latrines and wells on a small farm.
4. Discuss the prevention of pneumonic plague.
5. Discuss the preparation of food for a normal infant eight months old.
6. Discuss the role of pediculi as disease carriers and effective methods of combating the same.
7. Discuss the prevention of the spread of scabies.
8. Discuss the advantages and disadvantages of the cubicle system in hospitals.
9. Discuss the effects of ascending to high altitudes (20,000 feet) rapidly.
10. Discuss the methods by which drinking water of unknown origin may be proven fit for human consumption.
11. Discuss briefly conditions that favor the development of occupational dermatoses.
12. Discuss the proper ventilation of a lecture room seating one hundred individuals.

HYGIENE AND SANITATION
Midwives

HARRY E. ALDERSON, M.D.
Feb. 18, 1920
(Answer ten questions only)

1. Discuss the care of new born infant's skin.
2. What is ophthalmia neonatorium?
3. Discuss the feeding of a new born baby in case the mother is dead.
4. How often should a healthy pregnant woman in the third month bathe?
5. What measures should be carried out with a woman whom you suspect of being spyhilitic?
6. What would you do if called to attend a woman in the first stages of labor?
7. How should a sick room be ventilated?
8. How would you sterilize the skin?
9. At what age, under what conditions and how is one most liable to contract tuberculosis?
10. How would you sterilize blankets?
11. Name three water-borne diseases.
12. What diseases may be transmitted by careless midwives?

Feb. 19, 1920.

OBSTETRICS AND GYNECOLOGY
Physicians & Surgeons and Drugless Practitioners

HARRY V. BROWN, M.D.
(Answer ten questions only)

1. Describe briefly and make sketch of operation for repair of complete laceration of perineum.
2. Give the absolute indications for Caesarean operation.
3. Give the important normal diameters of the female pelvis.
4. Give treatment of breasts following delivery at six months.
5. Discuss Phlemasia Alba Dolens.
6. Discuss Syphilis and effect on mother and child.
7. Give the etiology, diagnosis and treatment of tuberculosis of the fallopian tubes.
8. Give diagnosis and course of tubal pregnancy.
9. Give etiology and treatment of irritable bladder.
10. Discuss uterine fibroid.
11. Describe in detail one operation for correction of retroversion.
12. Differentiate diagnosis between T. B., Carcinoma and cystic degeneration of cervix uteri.

Feb. 19, 1920.

OBSTETRICS
Midwives

HARRY V. BROWN, M.D.
(Answer ten questions only)

1. (a) What is the bag of waters?
   (b) What is dry labor?
2. (a) Give technique of preparation of patient for delivery.
   (b) Give technique of preparation of operator's hands in delivery.
3. (a) What is meant by presentation?
   (b) Name five chief presentations.
4. What are some of the diseases incident to pregnancy?
5. What accidents may occur which will terminate pregnancy before term?
6. (a) What is Septic infection?
   (b) How prevented?
7. What is procedure in a case of asphyxia neonatarum?
8. Mention five conditions which may be taken for pregnancy.
9. What are the stages of labor?
10. How long would you wait upon nature after complete dilation of the cervix for delivery?
11. What is the duration of pregnancy?
12. What is the diagnosis of the death of the foetus?

Feb. 19, 1920

MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIPTION WRITING
For Physicians and Surgeons

ROBT. A. CAMPBELL, M. D.
(Answer ten questions only)

1. Discuss the administration of ether for anesthesia.
2. Given a patient suffering from surgical shock: treat the case.
3. Discuss the starvation treatment for Diabetes Mellitus.

4. Discuss the treatment of hemorrhage in a hemophilic patient.
5. Write a prescription for Vesical tenesmus with burning and dribbling of urine in an old person (a) with acid urine; (b) with alkaline urine.
6. Give dosage, chief physiological action, and from what are the following derived: (a) atropine, (b) strychnine, (c) Heroine, (d) Pituitrin, (e) Hyocine.
7. Given a case of Influenza with fever, inflamed eyes, general body pains, headache and hard dry cough. Treat the case. Be explicit.
8. Give symptoms, diagnosis and treatment of Laryngial Diphtheria.
9. Gastric Spasm. Discuss etiology, pathology and treatment.
10. Outline symptomatology produced by Ipecac when given to full physiological effect.
11. A child six years old has severe earache, pain and tenderness over mastoid, bulging and inflamed drum membrane and posterior canal wall, temperature 103. Treat the case.
12. What is Tetanus antitoxin? How is it obtained? When should it be used and in what dosage?

Feb. 17, 1920

PHYSIOLOGY

For Physicians & Surgeons and Drugless Practitioners

DR. C. J. GADDIS

(Answer ten questions only)

1. Define hemolysis, blood platelets, ferments, erythrocytes.
2. Name, locate and give functions of three ductless glands.
3. Where may a central lesion of the nervous system be located to involve the motor enervation of left arm?
4. Give the metabolism of
   (a) proteids,
   (b) carbohydrates,
   (c) fats.
5. Discuss the mechanism and physiology of vomiting.
6. Name the principal centers of organic function in the medulla.
7. Discuss the mechanism and physiology of menstruation.
8. Give the origin, pathways and functions of nerves supplying heart.
9. Discuss briefly functions of epithelial tissue.
10. Discuss briefly the physiological rise in temperature, rapid heart and respiration in pneumonia.
11. Name and describe three tendon reflexes.
12. What is the location and function of the "Islands of Langerhans," and how is the metabolism of the body affected by their extirpation?

Feb. 18, 1920

GENERAL DIAGNOSIS

Drugless Practitioners

WM. R. MOLONY, M. D.

(Answer ten questions only)

1. Differentiate lobar pneumonia from pleurisy with effusion.
2. Differentiate small-pox from chicken-pox.
3. Give remote symptoms resulting from flat foot.
4. Discuss tachycardia.
5. Discuss diagnosis of tubercular meningitis.
6. Discuss diagnosis of acute endocarditis in a child under age 10.
7. Give diagnosis of synovitis with effusion.
8. Discuss etiology and diagnosis of acute pyelitis.
9. Upon what clinical signs would you base a diagnosis of acute pulmonary oedema.
10. Take a case of chronic mitral regurgitation: What symptoms and clinical signs result from decompensation of this lesion?
11. Discuss possible clinical signs and symptoms resulting from caecal stasis.
12. Discuss etiology of asthma.

Feb. 18, 1920.

GENERAL MEDICINE

Physicians & Surgeons

WM. R. MOLONY, M. D.

(Answer ten questions only)

1. Discuss diagnosis of acute endocarditis in a child under age ten.
2. Give diagnosis and management of a case of tubercular meningitis.
3. Give diagnosis and principles of management of a case of pyloric stenosis in an infant in which the stenosis is half hypertrophic and half functional.
4. Discuss management of a case of chronic pleurisy with effusion.
5. Give diagnosis of synovitis with effusion in a child of 12 years of age.
6. Discuss etiology and diagnosis of acute pyelitis.
7. Give management of a case of acute pulmonary oedema.
8. Give management of a case of chronic hypertension in a woman of forty.
9. Give management of a case of decompensated mitral regurgitation.
10. Discuss possible clinical signs and symptoms resulting from caecal stasis.
11. Give management of acute lobar pneumonia.
12. Discuss etiology of asthma.

Feb. 19, 1920

SURGERY

P. T. PHILLIPS, M. D.

Answer ten questions only)

1. Give indications for tonsillectomy.
2. Give symptoms and treatment in detail of perforated duodenal ulcer.
3. Give indications for enucleation of eye ball.
4. Discuss treatment of acute emypema.
5. Give indications for (a) cholecystostomy, (b) cholecystectomy.
6. Give differential diagnosis between staphylococcus and streptococcus infections.
7. Give etiology, symptomatology and treatment of acute pyelitis.
8. Enumerate conditions arising from injuries to sesamoid bones, their diagnosis and treatment.
9. Outline treatment of fracture of inferior maxillary bone, between second bicuspid and first molar.
10. Give diagnosis and treatment of congenital dislocation of hip joint.
11. Discuss the various post-operative positions of patient and reasons for their use.
12. Discuss radium treatment of malignancy.

Feb. 17, 1920

ANATOMY AND PHYSIOLOGY

For Midwives

ALFRED J. SCOTT, M. D.

(Answer ten questions only)

1. Name the secretions of the alimentary canal and give the functions of each.
2. Describe the normal pulse in infancy, youth, and adult age
3. Give the relative food value and ease of digestion of meat, eggs, milk, and starches.
4. In a normal person what is the pulse rate, respiration, temperature?
5. What do you understand by the term nutrition; digestion?
6. What are the uses of perspiration?
7. How would you prepare food for rectal feeding?

8. Name the contents of the abdomen of a female.
9. What effect has gastric juice on fats; starches?
10. Define secretion, excretion, assimilation.
11. Mention some exercises that injuriously affect the heart.
12. What is the normal ratio of respiration to heart pulsation?

Feb. 18, 1920

ELEMENTARY CHEMISTRY & TOXICOLOGY
Drugless Practitioners

DAIN L. TASKER, D. O.

(Answer ten questions only)

1. What is a chemical symbol? Give the symbols of ten elements.
2. What chemical elements are found as a part of the human body?
3. Name two compounds which pass through the body unchanged.
4. What is the significance of sugar in urine?
5. Give the characteristics of hydrochloric acid and tell where it is produced in the human body.
6. Discuss the use of the stomach pump and stomach siphon in cases of poisoning.
7. Discuss the use of soap, starch and albumin as antidotes in poisoning.
8. Treat a case of carbolic acid poisoning.
9. What should be done in a case of poisoning when the nature of the poison is unknown?
10. Mention two substances which poison by being inhaled.
11. What is the best antidote for serpent venom?
12. Treat a case suffering from poisoning by bichloride of mercury.

Feb. 18, 1920

CHEMISTRY AND TOXICOLOGY
Physicians & Surgeons

DAIN L. TASKER, D. O.

(Answer ten questions only)

1. What elements are included in the chlorin family? Name two compounds of each of these elements used in medicine.
2. Discuss the medical uses of sulphur.
3. Give five metals whose compounds are used in medicine. Give an example of each.
4. Discuss the toxicity of methyl alcohol and its treatment.
5. State the toxicological effect of carbolic acid and its proper treatment.
6. Select the five most important reagents for urine analysis outfit and state why you selected each.
7. Give characteristics of diabetic urine.
8. Name three of the common chemical sediments that may appear in urine, giving the pathological significance of each.
9. In what principal form is nitrogen eliminated from the body? Give the chemical properties of nitrogen.
10. What should be done in a case of poisoning when the nature of the poison is unknown?
11. Mention two substances which poison by being inhaled. Name two narcotic poisons.
12. What is meant by the terms mechanical antidote and chemical antidote? Give examples of each.

New Members

Cowan, J. R., Los Angeles; Andrews. H. J., Los Angeles; Keller, P. M., Los Angeles; Ruth, R. F., Los Angeles; Drennan, Pauline, Oakland; Hall, Channing, Oakland; Liliencrantz, A., Oakland; Gardner, Geo. A., Pasadena; Wheelis, J. M., Los Angeles; Rothrock, F. B., Pasadena; Ritchey, Romney M., Los Angeles; Caldwell, C. B., Monrovia; Hammock, Roy M., Los Angeles; Cunnane, Philip J., Los Angeles; Zbinden, David B., Artesia; Grundy, Gordon M., Long Beach; Karshner, Rolla G., Los Angeles; Welbourn, Leland S., Van Nuys; Haworth, W. L., Los Angeles; Rice, H. W., Ocean Park; Rea, Ralph R., Los Angeles; Craik, C. W., Venice; Weltman, Carl G., Los Angeles; Nuttall, John P., Venice; Hannah, Ward, Long Beach; Fricke, Albert A., Los Angeles; Forline, Hamilton, Los Angeles; Furst, Oliver J., Los Angeles; Langan, A. J., Los Angeles; Eaton W. H., Pomona; Martin, Harry W., Los Angeles; Eisen, Edward G., Los Angeles; White, Wendell, Los Angeles; Lewis, Silas A., Los Angeles; Leadsworth, John R., Los Angeles; Ruddock, John C., Los Angeles; Grover, Arthur L., Los Angeles; Frizzell, Rex R., Pasadena; House, L. C., El Centro; Apple, W. W., El Centro; Elliott, A. E., El Centro; Heffernan, W. T., El Centro; Brooks, C. S., El Centro; Tillmanns, E. G., Calexico; Moody, Egbert E., Los Angeles; Parker, John L., Brawley; Dunham, O. B., Brawley; Le Baron, Eugene, Brawley; Mosher, Walter F., Holtville; Owen, C. C., San Bernardino; Johnson, Oscar F., Sacramento; Kreutzmann, Henry A. R., San Francisco; McMurdo, Percy F., San Francisco; Tranter, Charles L., San Francisco; O'Connell, Daniel P., San Francisco; Gilcreest, Edgar L., San Francisco; Ingber, Irving S., San Francisco; Burrows, Robert, San Francisco; Rhodes, George K., San Francisco; Means, Philip C., Santa Barbara; Soper, Alexander C., Santa Barbara; Nagelman, C. B., Santa Barbara; Newton, Frances L., Woodland; Martin, Henry S., Petaluma; Ward, E. K., Newman; Bemis, Orin I., Riverbank; Munch, Louise L., California Hot Springs; Ehlers, Henry, Fowler; Tobin, P. A., Fresno; Owen, Jr., J. A., Red Bluff; Hoyt, H. M., Pacific Grove; Dole, Kenneth L., Redlands; Lee, Dorothea, San Jose; Kneeshaw, Robert S., San Jose; Pinninger, S. E. D., Sunnyvale; Dobson, Geo. H., Santa Ana; Ewing, Edgar E., Huntington Beach; Mayes, W. C., Santa Ana; Williamson, Mary C., Upland; Bailey, LeRoy H., Dinuba; Larson, C. F., Sausalito; Stammers, C. L., Selma; McLain, L. C., Bakersfield; Thomas, Llewelyn I., Portola.

Through a clerical error the name of Dr. W. P. Willard, 177 Post St., San Francisco, was omitted from the Roster of Members of the Medical Society who were members in good standing at the time of going to press on April 1st. Dr. Willard is a perfectly good and faithful member and has been for many years.

Resigned

Fagin, E. A., Los Angeles.

Transferred

Brodrick, R. G., San Francisco Co. to Alameda Co.; Anderson, C. W., Los Angeles Co. to Imperial Co.

Deaths

CHILSON, WM. C.—A graduate of Medical Department, University of California 1902. Licensed in California 1902. Died in Fresno March 10, 1920. Was a member of the Medical Society, State of California.

MARTIN, WM. A.—A graduate of the University of Louisiana 1874. Licensed in California 1889. Died in Letterman General Hospital, San Francisco, April 4, 1920. Was a retired Navy man.

TAYLOR, H. N.—A graduate of Bellevue Hospital Medical College, New York 1898. Licensed in California 1907. Died in Maricopa, Cal., March 3, 1920; age 46. Was a member of the Medical Society, State of California.

Note—The following minimum Fee Schedule was adopted by the Society at the Santa Barbara meeting on May 11th, 1920. It has been accepted by the Industrial Accident Commission and by the Insurance Carriers. It represents a general increase of over 27% and is in effect June 1st, 1920.

FEE SCHEDULE

FOR

PHYSICIANS AND SURGEONS

Presented by

THE COMMITTEE OF THE COUNCIL OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

for the

TREATMENT OF INDUSTRIAL ACCIDENT CASES COVERED BY THE WORKMEN'S COMPENSATION LAW

NOTE A

THESE FEES REPRESENT A MINIMUM!

FEES HIGHER THAN SCHEDULE WILL BE ALLOWED WHEN WARRANTED BY UNUSUAL DIFFICULTIES OR REQUIRING AN UNUSUAL AMOUNT OF TIME.

NOTE B

Unusual cases and procedures not specified will entitle the surgeon to a fee the same as that for specified procedures of approximately equal magnitude.

NOTE C

Bills must be itemized, showing date of each visit, dressing or operation, and the charge for the same. Charges higher than minimum must be itemized and amply justified by clear explanation.

NOTE D

The Schedule here presented is designed for use in connection with medical services rendered an individual with an average earning capacity of $1,250 per annum. To this class belongs the average individual which the Workmen's Compensation, Insurance and Safety Act is intended to cure and relieve.

NOTE E

The restoration of function is considered more important than appearance. It is the duty of the surgeon to restore function.

NOTE F

X-ray examination is exacted in all cases of bone injury and doubtful bone injury.

NOTE G

A special physical examination and report on a special blank furnished for that purpose will be made when requested by employer, insurance carrier or Industrial Accident Commission. The surgeon should state in his first report of accident whether or not in his judgment a special examination is advisable.

It is suggested that a special examination may be required in selected cases as follows:

1. Persons over 60 years of age.
2. The infirm or those of poor physique.
3. Injuries to head or thorax or abdomen.
4. Serious injuries of any kind.
5. Injuries which may involve nerves.

Immediate examination for nerve integrity in parts beyond site of fracture, dislocation or other injury is necessary in order to detect such complication at earliest possible time.

N. B.—Approximately 50 per cent of all injuries involve the fingers only. Such cases will probably not require general physical examination. The surgeon will make a recommendation for a special examination when necessary in regard to these and other uncomplicated injuries. For this special examination a fee of $5 will be allowed.

First visit, including report and first examination, in injury not provided for below	$2.50
or, including report and special examination as provided in Note G	$5.00
Surgical dressings (materials)	Specify costs
Mileage beyond city limits	75c day, $1.00 night, one way per mile.
Assisting at operation—	
Major	$12.50
Minor	6.00
Administering general anaesthetic	5.00 to 10.00
Testimony before Commission	12.50

Fractures	Operations	Subsequent visits Hospital or Home	Office
Reduction and first dressings—			
Nasal bones	$12.50		
Metacarpal or metatarsal bone	7.50		
Phalanx	5.00		
Carpal or tarsal bone	7.50		
(For operative procedures special fees)			
Forearm—leg, 1 bone	12.50		
2 bones	30.00	$1.75	$1.25
Femur or humerus	40.00		
Clavicle or scapula	20.00		
Patella	20.00		
Mandible or maxilla	20.00		
Pelvis	25.00		
Ribs	6.00		

For compound or comminuted fractures or fractures involving joints, add fifty per cent to this list to find **minimum** fee.

For bone plating or bone splinting or inlay (when authorized) three times fee for simple fracture.

Dislocations			
Fees according to magnitude and time consumed—		$1.75	$1.25

Sprains			
Fees according to magnitude and time consumed —		$1.75	$1.25

Amputations			
Finger or toe	$7.50		
Two fingers or toes	12.00		
Hand, wrist, forearm or arm	30 00		
Shoulder disarticulation	50.00	$1.75	$1.25
Foot, ankle or leg	30.00		
Knee or thigh	75.00		
Hip disarticulation	100.00		

Special Operations and Procedures	Operations	Subsequent visits Hospital or Home	Office
Trephining or resection of skull	$ 60 00		
Laminectomy	100.00		
Hernia, radical operation	40.00		
Hernia—by taxis	According to difficulty and to time consumed		
Hernia—by reduction and applying truss			
Paracentesis, thoracis	10.00		
" pericardii	25.00		
Tendoplasty (depending on magnitude of operation, number and depth of tendons, whether recent or old and on tissues lost)		$1.75	$1.25
Burns, involving 1 hour attendance	25.00		
Cataract operation,	50.00		
Detention per hour with patient	6.00		
Giant magnet use——(In accordance with difficulty and time consumed)			
Laparotomy (in accordance with difficulty and time consumed)			
Semilunar cartilage removal	50.00		
Catheterization of urethra	5.00		

Eye Operations			
Removal of foreign body from conjunctiva (one or more)	3.00	1.75	1.25
Removal of foreign body from cornea	5.00		
Enucleation of the eye	40.00		

Minor Operations

(Fees according to magnitude and time consumed.)